

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MASSACHUSETTS

TAMMY ALLEN, PERSONAL REPRESENTATIVE)
OF THE ESTATE OF NORMAN ALLEN,)
Plaintiff,)
Case No. 1:05-CV-11463
V.)
THE UNITED STATES OF AMERICA,)
Defendant.)

**PLAINTIFF'S DISCLOSURE OF MEDICAL INFORMATION
TO DEFENDANT, MICHAEL KELLY, M.D. PURSUANT TO RULE 35.1**

Now comes the plaintiff, Tammy Allen, personal representative of the Estate of Norman Allen, and pursuant to Local Rule 35.1, makes the following disclosure of medical information regarding the diagnosis, care, or treatment of Norman Allen.

Pursuant to Local Rule 35.1(a)(1), the plaintiff has requested the appropriate medical bills and will disclose an itemization of all medical expenses incurred as soon as they are received.

Pursuant to Local Rule 35.1(a)(2), the plaintiff identifies the following health care providers as having diagnosed, cared for, or treated Norman Allen.

1. **Michael Kelly, M.D.**
308 Main Street
PO Box 1748
Lakeville, CO 06039
2. **David Farzan, M.D.**
Pentucket Medical Associates
1 Parkway
Haverhill, MA
3. **Thomas Fazio, M.D.**
Pentucket Medical Associates
1 Parkway
Haverhill, MA

4. **Liam Hurley**
Northeast Urologic Surgery, P.C.
198 Massachusetts Avenue
North Andover, MA
5. **Howard P. Taylor, M.D.**
254 Pleasant Street
Methuen, MA 01844
6. **Julie Steckbeck, R.N.**
Seacoast Hospice
1039 Islington Street
Portsmouth, NH 03801
7. Any and all medical providers at **Lawrence General Hospital**, 1 General Street, PO Box 189, Lawrence, MA 01842-0389, including but not limited to:

Thomas L. Fazio, M.A.
David Farzan, M.D.
Jonathan Mandell, M.D.
Liam Hurley, M.D.
Pedro Sanz-Altamira, M.D.
John Keefe, M.D.
Michael Giorgetti, M.D.
Jane Williamsville, M.D.
Liam Hurley, M.D.
Cheryl Ennis, M.D.
Astrid Peterson, M.D.
Santos Shetty, M.D.
George Kwass, M.D.
8. Any and all medical providers at **Andover Surgical Associates, Inc.**,
140 Haverhill Street, Andover, MA 01810, including but not limited to:

Jonathan Mandell, M.D.
G. Walker, M.D.
9. Any and all medical providers at **Holy Family Hospital and Medical Center**, 70 East Street, Methuen, MA 01844, including but not limited to:

Pedro Sanz, M.D.
Liam Hurley, M.D.
Stephen Zappala, M.D.
G. Belzarini, R.N.

Astrid Peterson, M.D.

10. Any and all medical providers at **Merrimack Imaging**, 203 Turnpike Street, North Andover, MA 01845, including but not limited to:

Mark Belkin, M.D.
Walther Weylman, M.D.

11. Any and all medical providers at **Boston University Medical Group**, Rheumatology Section, 720 Harrison Avenue, Boston, MA 02118, including but not limited to:

Robert Simms, M.D.
Howard Donough, M.D.
John Carey, M.D.

While Local Rule 35.1 (a)(2)(a) allows the defendant to inspect and copy, at the defendant's expense, all of the relevant medical records pertaining to the diagnosis, care, and treatment of Norman Allen, the plaintiff has provided the complete medical and office records of each health care provider named above.

1. Please refer to **Attachment A**, medical records from Greater Lawrence Family Health Center, including office notes and records of Michael Kelly, M.D.
2. Please refer to **Attachment B**, medical records from Lawrence General Hospital, including oncology reports and notes from Thomas Fazio, M.D. and David Farzan, M.D.
3. Please refer to **Attachment C**, medical records, including office notes, laboratory results, and radiology reports, from Pentucket Medical Associates.
4. Please refer to **Attachment D**, medical records and office notes from Andover Surgical Associates, Inc.
5. Please refer to **Attachment E**, medical records, including radiology and oncology reports, from Holy Family Hospital and Medical Center.
6. Please refer to **Attachment F**, medical records from Merrimack Imaging.
7. Please refer to **Attachment G**, medical records from Northeast Urologic Surgery, P.C.

8. Please refer to ***Attachment H***, medical records, including notes, from Boston University Medical Group.
9. Please refer to ***Attachment I***, medical record from Howard P. Taylor, M.D.
10. Please refer to ***Attachment J***, medical record from Seacoast Hospice.

Respectfully submitted,
The plaintiff,
By her attorney,

/s/ William J. Thompson
WILLIAM J. THOMPSON
LUBIN & MEYER, P.C.
100 City Hall Plaza
Boston MA 02108
(617) 720-4447
BBO#: 559275

ATTACHMENT A



Referral Form

- 34 Haverhill Street
Lawrence, MA 01841
(978) 686-0090
- 150 Park Street
Lawrence, MA 01841
(978) 685-1770
- 130 Parker Street
Lawrence, MA 01843
(978) 686-3017
- 101 Amesbury Street
Lawrence, MA 01841
(978) 686-9701
- 233 Haverhill Street
Lawrence, MA 01841
(978) 681-4769

Patient Name: William Ales MR#: 127474
 Address: 27 Barringer St PLR D.O.B.: 11/24/77
 City/State/Zip: Lawrence 01841 Date:
 Referral #: 1303715 Expiration Date: _____ # of Visits: 3
 Telephone #: 725-5827 Insurance Type: PMHC

Primary Care Physician: Kelly

Referring Physician (if different): _____

Referred To: Dr. Simon Boston Medical Center

Diagnosis: Gastroesophageal reflux disease

Reason for Referral: SO y/o P for flu

Signed: PWS

Date: 9/3/98

Specialty Provider Report of Findings:

Rec ↑ Amitriptyline 30g QHS.
? other opinion re recent dyspepsia (L) similar

Signed: PWS

Date: 10/26/98

IF UNABLE TO KEEP APPOINTMENT NOTIFY SPECIALIST 24 HOURS IN ADVANCE.

You have an appointment with: Boston medical Center
 Usted tiene una cita con: Boston medical Center

818 Harrison Ave Boston MA

Agency/Agencia
State/Estado

Address/Direccion

City/Ciudad

Day/Dia

Date/Fecha

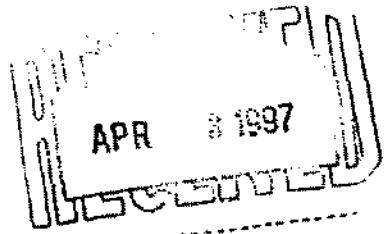
Time/Hora

Telephone #/# de Telefono

10-26-98 @ 11:00PM

***Please bring this referral form, your Medicaid Card or any other type of insurance card with you to this appointment.
 If you are unable to keep this appointment you are responsible to cancel and reschedule this appointment or there may be a possibility the physician will charge you.

**Por favor lleve este formulario, su tarjeta de Medicaid, u otro tipo de seguro, y un interprete con usted a su cita.
 Si usted no puede cumplir con su cita. Usted es responsable de cancelarla y hacer una nueva cita. Si usted no se presenta o no la cancela habra una posibilidad de que usted tenga que pagar por la misma.



.D:03/27/97:Allen,Norman:127474P

.T:Joint pain

.PV:MK

D.O.B:Not dictated

11|z4|47

S:

Norm is continuing to have worse diffuse joint pains, specifically in his wrist, one on the DCP joint of his left hand, his right elbow. These have become worse. He does have morning stiffness, which lasts about a half an hour. He also has problems where he dislocates his right shoulder. This has been a chronic problem. He is having very much difficulty sleeping still. Temazepam does not really help him. He also has some discomfort with his neck, and this adds to his difficulty sleeping.

O:

WRIST/ELBOW: Physical exam reveals no specific signs of joint disease at this time.

A&P:

1. Probable Rheumatoid Arthritis. Will change his NSA to Lodine 300 mg po tid at this point.
2. Insomnia. May be secondary to depression. Will treat with Zoloft 50 mg po q day.
3. Seizures. Will continue with ^{Neurology} Zarontin and Dilantin 500 mg q day. Will follow up in two months. Also will order and MRI of the brain for his recent seizures and for his tinnitus, which he had prior to beginning aspirin.

MK
Michael Kelly, M.D.

T:04/01/97:MK/mtc535

PROGRESS NOTES

Page: 1

Date printed: 04/15/97

Name: NORMAN ALLEN

ID: 127474P

SEX: M AGE: 49

.D: 03/27/97

.T: Nursing Notes

The patient is a 49 yr year old male. Presenting at the Health Center today for ROUTINE VISIT. NORMAN IS C/O RINGING IN HIS EARS. HE STILL IS UNABLE TO SLEEP. HE AWAKES AT 1 AM AND CAN NOT RETURN TO SLEEP. HE ALSO STATES HE IS HAVING EXTREME JOINT PAIN WHICH HE FEELS IS WORSENING SINCE HE STARTED TAKING A MED PRESCRIBED BY DR BASU. DOES NOT KNOW THE NAME OF THE MED.

.V1: Syst BP 120 : Diast BP 84 : P. 72

Respirations are 20

.V2: T 97.9 : Height : Weight 160 LBS

These vital signs taken at 2:45 PM.

Rx: ZOLOFT 50 mg 1 qd , 30, Ref: 5

Rx: LODINE 300MG 1 TID , 90, Ref: 1

SIGNED BY PAMELA MEADS (NPM)

03/27/97

.D:03/27/97:Allen,Norman:127474P

.T:Joint pain

.PV:MK

D.O.B:Not dictated

S:

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3. Seizures. Will continue with Zarontin and Dilantin 500 mg q

PROGRESS NOTES

Page: 2

Date printed: 04/15/97

Name: NORMAN ALLEN

ID: 127474P

SEX: M AGE: 49

day. Will follow up in two months. Also will order and MRI of the brain for his recent seizures and for his tinnitus, which he had prior to beginning aspirin.

Michael Kelly, M.D. 

T:04/01/97:MK/mtc535

Rx: ZOLOFT 50 mg 1 qd , 30, Ref: 5

Rx: LODINE 300MG 1 TID , 90, Ref: 1

PROGRESS NOTES

Provider: MIKE KELLY, MD

Page: 1

Date printed: 07/22/97

Name: NORMAN ALLEN

ID: 127474P

SEX:M AGE: 49

D: 07/17/97

T: Nursing/MD Notes

The patient is a 49 yr year old male. Presenting at the Health Center today for F/UP

ABOVE REVIEWED BY MD

PT. THINKS THAT HE HAD 2 SEIZURES SINCE HIS LAST VISIT HERE
ONE OF WHICH WAS AT HIS SONS HOUSE.

DID NOT SEE DR. GAVRILESCU

HAS A PROBLEM WITH HIS LEFT SHOULDER DISLOCATING, A CHRONIC PROBLEM, BUT IT IS HAPPENING MORE FREQUENTLY.

THE SHOULDER HAS BEEN DISLOCATING ON A DAILY BASIS.

SLEPT 5 1/2 HOURS LAST NIGHT.

USUALLY SLEEPS ONLY 3 TO 4 HOURS.

DROPS THINGS OUT OF HIS HANDS, DOES NOT FEEL THINGS.

NECK PAIN IS UNRELIEVED, HAS RINGING IN HIS EARS STILL.

SMOKES A LOT OF CIGARETTES, DRINKS A LOT OF COFFEE.

V1: Syst BP 110 : Diast BP 70 : P. 76

Respirations are 20

V2: T 98.0 : Height : Weight 155 LBS

These vital signs taken at 8:40 A.M. BY MARIA, MARIBEL MA.

MD EXAM DEFERRED

L SHOULDER DISLOCATIONS- X-RAY, ORTHO CONSULT

SEIZURES- CONTINUE DILANTIN, NEURONTIN

NO INDICATION TO CHECK NEURONTIN LEVELS, WILL CHECK DILANTIN LEVEL

PT. IS UNWILLING TO SEE A LOCAL NEUROLOGIST.

DEPRESSION- BEGIN PAXIL 20 QD

ARTHRITIS- CONTINUE LODINE.

F/U 2 MONTHS

Rx: NEURONTIN 300MG 1 tid , 90, Ref: 3

Rx: PAXIL 20 mg 1 qd , 30, Ref: 5

SIGNED BY MARIA HERNANDEZ (NMH)
 # REVISED BY MIKE KELLY, MD (MK)

07/17/97

07/17/97

PROGRESS NOTES

Provider: MIKE KELLY, MD

Page: 1

Date printed: 12/09/97

Name: NORMAN ALLEN

ID: 127474

SEX:M AGE: 50

D: 12/04/97

T:MD/ Nursing Notes

The patient is a 50 yr year old male. Presenting at the Health Center today for A FOLLOW UP VISIT.

NORMAN STATES THAT HIS LEFT SHOULDER DISLOCATES FREQUENTLY. SINCE HIS LAST VISIT HE ESTIMATES THAT THIS HAS HAPPENED AT LEAST 20 TIMES.

ABOVE REVIEWED BY MD

PT. STILL FEELS LIKE HE'S COMING APART, HIS LEFT SHOULDER CONTINUES TO DISLOCATE, HE SAW AN ORTHOPAEDIC DOCTOR WHO WANTED TO HAVE NORMAN GO TO THE LGH WHEN IT IS DISLOCATED TO GET AN X-RAY CONFIRMATION OF THIS.

HAS MULTIPLE COMPLAINTS OF SEVERE NECK PAIN, AND WAKES UP IN THE MORNING WITH NUMBNESS OF BOTH HANDS.

IS TAKING THE NEURONTIN, AND DILANTIN.

DROPS THINGS FROM THE RIGHT HAND.

HAS NUMBNESS IN THE DISTRIBUTION OF THE RADIAL NERVE (INCLUDING THE THUMB).

HAS GOOD AND BAD DAYS.

IS EXTREMELY TIRED.

HAS STIFFNESS MOSTLY IN THE BACK.

WAKES UP EASILY, MAY BE FROM PAIN.

THINKS OCCASIONALLY OF KILLING HIMSELF BUT HE DOES NOT TAKE IT SERIOUSLY.

V1: Syst BP 112 : Diast BP 74 : P. 72

Respirations are 20

V2: T 97.2 : Height : Weight 154 LBS

These vital signs taken at 3:15 PM

MD EXAM

NO THENAR WASTING, NO ARTHRITIS OF HANDS, ELBOWS, TOES

A/P

CHRONIC PAIN- FIBROMYALGIA, VS. LUPUS, VS. RA

CHECK MULTIPLE LABS.

F/U 1 MONTH

RX WITH ZOLOFT 50 QD, ELAVIL QHS, TRY DISALCID.

Rx: ZOLOFT 50 mg 1 qd , 30, Ref: 5

Rx: ELAVIL 10 mg 1 qhs , 30, Ref: 1

Rx: NEURONTIN 300MG 1 tid , 90, Ref: 3

Rx: DISALCID 750mg 2 bid , 120, Ref: 5

SIGNED BY PAMELA MEADS, LPN (NPM)
 # REVISED BY MIKE KELLY, MD (MK)

12/04/97

12/04/97

PROGRESS NOTES

Provider: MIKE KELLY, MD

Page: 1

Date printed: 03/04/98

Name: NORMAN ALLEN

ID: 127474

SEX:M AGE: 50

D: 02/27/98

T:MD/ Nursing Notes

The patient is a 50 yr year old male. Presenting at the Health Center today for A ROUTINE VISIT.

NORMAN STATES THAT HE HAS PAIN IN HIS RIGHT NECK AND IN HIS HANDS.

V1: Syst BP 110 : Diast BP 80 : P. 72

Respirations are 18

V2: T 97.3 : Height : Weight 157 LBS

These vital signs taken at 9

;15 AM.

ABOVE REVIEWED BY MD

PT. CONTINUES TO HAVE THE SAME COMPLAINTS. HE COULDN'T TAKE THE ZOLOFT DUE TO A RED RASH.

MD EXAM DEFERRED

LABS: ANA NEG., ESR 1, DS DNA NEGATIVE.

A/P

FIBROMYALGIA VS. CHRONIC FATIGUE SYNDROME-
WILL TRY PAXIL AGAIN.

REFER TO BOSTON MEDICAL CENTER ARTHRITIS CLINIC.

Rx: PAXIL 20 mg 1 qd , 30, Ref: 5

SIGNED BY PAMELA MEADS, LPN (NPM)
REVISED BY MIKE KELLY, MD (MK)

02/27/98

02/27/98

PROGRESS NOTES

Provider: MIKE KELLY, MD

Page: 1

Name: NORMAN ALLEN

ID: 127474

SEX:M AGE: 50

Date printed: 05/01/98

.D: 04/20/98

.T: MD/Nursing Notes

The patient is a 50 yr year old male. Presenting at the Health Center today for F/U VISIT.

.V1: Syst BP 100 : Diast BP 70 : P. 68

Respirations are

.V2: T 97.5 : Height : Weight 157 LB

These vital signs taken at .

ABOVE REVIEWED BY MD

NORMAN SAW DR. SIMMS AT BOSTON UNIVERSITY MEDICAL CENTER WHO APPARENTLY ALSO FEELS THAT HE HAS FIBROMYALGIA, AND INCREASED THE PAXIL BY 10 MG QD, AND RECOMMENDED PT, AND SEEING A PSYCHIATRIST. NORMAN FEELS THE SAME AT THIS POINT. HIS MEDS ARE PAKIL 30 QD, DILANTIN 500 QD, NEURONTIN 300 BID, AND DISALCID 750 2 BID.

EXAM DEFERRED

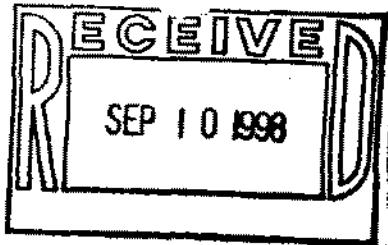
A/P

FIBROMYALGIA- PT, F/U 3 MONTHS.

SIGNED BY JACKIE LEBRON, MA (Njl)
 # REVISED BY MIKE KELLY, MD (MK)

04/20/98
 04/20/98

.D:09/03/98:Allen,Norman;127474
.T:Questions about treatment.
.PV:MK
D.O.B:



S:The patient first wants to know if he needs to be on the Neurontin and why he is on that. He happens to be on it for a seizure disorder. He also needs a referral for Dr. Symmes. He states he is still having the same problems, not being able to sleep well. He gets irritated frequently and reports now getting a swollen feeling in his neck sometimes.

O:EXAM: Deferred.

A&P:1. SEIZURE DISORDER: Continue Neurontin.
2. FIBROMYALGIA: Continue to follow up with Dr. Symmes.

MK
Mike Kelly, M.D.

D:9/3/98
T:9/8/98:MK/mtc550 #71227

D: 01/29/98: Allen, Norman :127474

T: sick visit

PV: MK

DOB: 11/24/47

S: Patient with past medical history of benign lung tumor, removed surgically 1990; seizure disorder; fibromyalgia; presents today stating that he is feeling poorly and is not sleeping well at all. Reports cough productive of black very sticky phlegm which reminds him of the cough he had prior to having his lung tumor. Also patient has some left posterior neck pain and tension headache.

MEDICATIONS:

Dilantin

Disalcid

Neurontin

Paxil

Elavil

O: PULSE: 68

B/P: 108/58

NECK: Neck muscles are supple. No focal tenderness.

LUNGS: Clear to auscultation & equal bilaterally.

A/P: INSOMNIA: Will add Ambien, 10mg po q.h.s.

COUGH: Treat with Augmentin, 500 t.i.d. x7 days. Check chest x-ray.

FOLLOW-UP: 2 months.


Michael Kelly, MD

D:01/29/99

T:02/02/99:KC

Tape received by Transcription Dept. 02/01/99

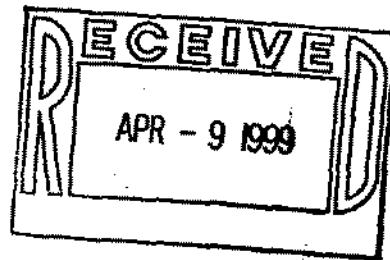
.D:04/06/99:ALLEN,NORMAN:127474

.T:Follow up

.PV:MK

.D.O.B:11/24/47

.MP:Multiple medical problems



S: This patient reports he is having difficulty sleeping. He has pain of his legs. He has pain in the area of his right hip. He can walk fine with the hip. It is more when he is at rest. He feels that his ankles are pulsating. He feels that the Ambien is not working to help him sleep. He also continues with the neck pain, and he reports having frequent bowel movements, and memory problems. He continues to lose weight. He has lost six pounds since January. He is smoking 2 to 3 packs of cigarettes per day. Norman is very depressed.

O:VITAL SIGNS: Pulse 76, blood pressure 108/64.

HEENT: PERRL, EOMI.

NECK: Supple, no adenopathy, no thyromegaly.

LUNGS: Clear.

HEART: Regular rate, S1 and S2, no rubs, murmurs, or clicks.

ABDOMEN: Benign.

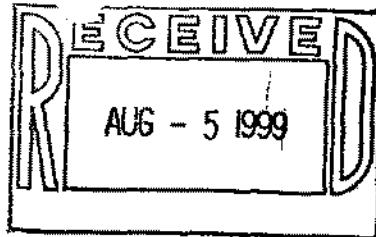
EXTREMITIES: Without any findings, no swelling, no erythema, no decreased range of motion.

A&P:1) FIBROMYALGIA: Will add Ultram PO q 6 hours to his pain regimen.


Mike Kelly, M.D.

D:04/06/99

T:04/08/99:MK/mtc/510 #108030



.D:08/03/99:Allen,Norman:127474
.T:Lower back pain.
.PV:MK
D.O.B:11/24/47

S:This patient states that he continues to do badly, continues to have a lot of pain in his neck and in his shoulders, and in his lower back. He saw Dr. Sims again, who changed his antidepressant. Patient does not know which medication he is now taking. He states that his worst pain is in his lower back.

O:Physical exam was deferred.

A&P:Low back pain. Will CAT scan the lower back to make sure we are not missing anything on this patient.

MK
Mike Kelly, M.D.

D:08/03/99
T:08/04/99:MK/mtc515 #128767

SUBSEQUENT FINDINGS

U/W filled pt. re: ♂ RF

taking Advil - max 1100 mg/day = 4 tablets

Pain mostly in thighs, wrists, neck

Reid - Entecir treated Aspirin 325 mg
take 2 or 3, max 3/day

M. Miller

3/11/97 (from patient's health pass)

L. Johnson

DATE: 3/11/97

AGE: YRS BP: 180/81

HGT IN WT 700 LB clo joint disease

T 97.9 P 72 R 30

See comp Rx addendum!

NP HV CSV BY

phoe diet

having joint pains, red eyes, hot under
shoulders in AM 1/2 hr

(A) RA like

dislocates ♂ shoulder

① arm - arm + pony = AM

Kenneth 300 170

Nimmo - bed before Aspirin.

Temazepam 70 QID

phone diet

NAME

Allen, Norman

D.O.B.

11/21/47

M. Miller

SUBSEQUENT FINDINGS

Phone Triage

Patient: Allen, Norman D.O.B. 11-24-47 Date & Time: 12:30 12/9
 Caller & Phone#: 725-5227 Provider: Kelly

Pharmacy:

Insurance:

Symptoms, Medications refills or message: Medicaid forms - Are
 Wants to know if they were mailed
 Or be picked up by pt. before the
 12th of this month.

Instructions Given: Requested chart

Signature J (Mg)

12-11-97 Report sent to PADC - In Deced/
 Con.

1-21-98 Record sent to HealthPro - In Deced/con.

DATE 1/21/98 AGE yrs, sp 110/80 RV clo pain (R) side of neck spreads
 HGT in wt 157 lbs and pain in hands

T 97 P 72 R 18

HR in yrs (L)

No rhythm

Pain in neck (R)

4-6 yrs L-30

NAME

Allen, Norman

Moving system

W/H w/mid-row

D.O.B.

11-24-47

Adv. in L. R. with; cello

Stomach
 D. L. t.
 D. m. d.

GREATER LAWRENCE FAMILY HEALTH CENTER

SUBSEQUENT FINDINGS

ATE:

9/3/98 SV

SE 5D YRS BP: (08/00) Pt states that Dr. Sims
 ST IN WT 150^{1/2} (Anthill) wanted him to
 CH P 26 R Know why he's on the
 RV SV V BY neuro and T also needs
 a referral to see Dr. Sims at Boston
 Medical Cn ————— & Verdict

last day tall

gets invited

run by family in park

Dated

MM

12:50 PM 09/03/98 MICHAEL KELLY MD

127474 M 11/24/47

NORMAN ALLEN (978) 725-5225
 27 BOURQUE ST.
 LAWRENCE, MA 01841-0000

SUBSEQUENT FINDINGS

1-28-99

TBS BP:

108/58

IN WT:

150

QTZ

68 P 90

P - RV

CV X RV

Pleurodes

Pleural

Divalir

Neomycin

Penicil

Bacitracin

∅ Sleeps

Hx long operation - large tumor in back (Schmid lung), benign
 1990 Methane, HPA, had mediastinoscopy

nothing w/ dark material

① post op, pain & loss in HS

Dihydrogen

11:15 AM 01/29/99 MICHAEL KELLY MD

127474 M 11/24/47
 NORMAN ALLEN (978) 725-5227
 27 BOURQUE ST.
 LAWRENCE, MA 01841-0000

GREATER LAWRENCE FAMILY HEALTH CENTER

SUBSEQUENT FINDINGS

ATE: 4-6-99

Recounted

HR: YRS BP: 108/64

GT: IN WT: 150

973 P MEN 20

P RV X SV BY

age 2-3 rd

6 sleep

sweet stuff

pain of legs
leg pain

car with fire

J 6 16 min 1/93

uritis yesterday

had 2 drinks

Austen not working

Dilated MA

Moves a lot in bed

dilated vitreous

Nuke

Frequent bowel movements

Memory poor

08:46 AM 04/06/99 MICHAEL KELLY MD

187474 M 11/24/47

NORMAN ALLEN (978) 725-5227
27 BOURGUE STREET,
LAWRENCE, MA 01841-0000

GREATER LAWRENCE FAMILY HEALTH CENTER

SUBSEQUENT FINDINGS

ATE: 8-3-99
 GE _____ YRS BP: 116/81 Suffers from insomnia. Please
 GT _____ IN WT 152
97° P 80 R 20
 P RV SV BY

gutter wma

Did past

low back pain by

Noted ✓

began after

09:22 AM 08/03/99 MICHAEL KELLY MD

127474 M 11/24/47
 NORMAN ALLEN (978) 725-5227
 27 BOURGUE STREET.
 LAWRENCE, MA 01841-0000

GREATER LAWRENCE FAMILY HEALTH CENTER

SUBSEQUENT FINDINGS

Phone Triage

Patient: Norman Allen D.O.B. 11-24-47 Date & Time 7-23-99Caller & Phone# Cindy das Provider Dr. K.Pharmacy: 684-1034 Insurance: _____Symptoms, Medications refills or message: Utegels 50mg q6^hInstructions Given: chart requestedSignature J. Johnson

on 7-20(4) - (800)
7/20/99 Above order called in C.R. Utegels 50mg q6^h (4/20)
J. Johnson 100 WRE

NAME Allen, NormanD.O.B. 11-24-47

GREATER LAWRENCE FAMILY HEALTH CENTER

SUBSEQUENT FINDINGS

Phone Triage

Patient Allen, Joann D.O.B. 11-30-47 Date & Time 3/23/99

Caller & Phone#: Shelly CDS Provider: M.K.

Pharmacy: 681-5343 Insurance:

Symptoms, Medications refills or message: Aspirin 10 mg t.i.d
comes in 30 tablets.

Paxil 30mg tab po qd #30

Instructions Given: Cheat requested Program

above order phenoximate 20% Capil 30mg ital po #1458 WIC

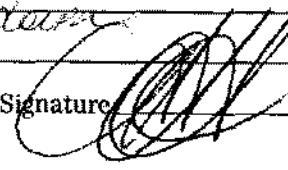
Signature John L. P.

~~3-26-99~~ P1 left 3 being seen present

NAME Alan Neuman

D.O.B. 11-24-47

SUBSEQUENT FINDINGS

Patient: <u>Norman Allen</u>		Phone Triage	D.O.B. <u>11-24-47</u>	Date & Time: <u>2/10/97 1:30 p</u>
Caller & Phone#: <u>975-7386</u>		Provider: <u>Kelly, MH</u>		
Pharmacy:	Insurance:			
Symptoms, Medications refills or message: <u>Go ring in ear. Extremely anxious.</u> <u>Please call.</u> (as per is ex) N+@this x)				
Instructions Given: <u>Cannot bring husband in today. Will bring him in Wed. If he gets worse she will bring him to ER. Psychiatry</u>				
<u>Called pt.</u> <u>MJH</u>		Signature: 		

NAME

Allen, Norman

D.O.B.

11-24-47

GREATER LAWRENCE FAMILY HEALTH CENTER

Phone Triage

9:30

Patient: Norman Allen D.O.B. 11-24-47 Date & Time: 12-28-99Caller & Phone#: 6811024 Provider: mazPharmacy: CVS Insurance: Symptoms, Medications refills or message: Norman Allen 100g T gl

4/50

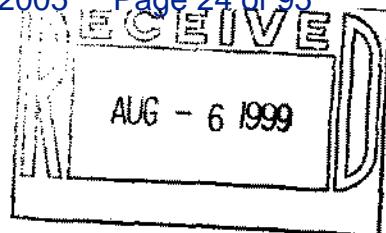
may refill above q5 x 2 month
 pt needs Dilacotin Level
 Disregard above - Note in chart states
 pt transferred to Peucket

Korrigent

Signature: John D. Jr.

Instructions Given:

	NAME <u>Allen</u> <u>Norman</u>
	D.O.B. <u>11-24-47</u>



.D:08/03/99:Allen,Norman:127474

.T:Lower back pain.

.PV:MK

D.O.B:11/24/47

S:This patient states that he continues to do badly, continues to have a lot of pain in his neck and in his shoulders, and in his lower back. He saw Dr. Sims again, who changed his antidepressant. Patient does not know which medication he is now taking. He states that his worst pain is in his lower back.

O:Physical exam was deferred.

A&P:Low back pain. Will CAT scan the lower back to make sure we are not missing anything on this patient.

Mike Kelly, M.D.

D:08/03/99

T:08/04/99:MK/mtc515 #128767

GREATER LAWRENCE FAMILY HEALTH CENTER

... SUBSEQUENT FINDINGS

Phone Triage

Patient: Norman Allen D.O.B. 11-24-47 Date & Time: 11-Caller & Phone#: (681-9943 Provider: ?Pharmacy: CVS - Lawrence Insurance: _____Symptoms, Medications refills or message: Anbun 10mg qhsInstructions Given: Pt has transferred to Pestucket Medical, CVS was informed to call that facility
Signature A. Scourtis

NAME

Allen, Norman
D.O.B. 11-24-47

GREATER LAWRENCE FAMILY HEALTH CENTER
SUBSEQUENT FINDINGS

Phone Triage		10/25
Patient	<u>Allan Norman</u>	D.O.B. <u>11/24/47</u> Date & Time: <u>10-19-99</u>
Caller & Phone#:		
Pharmacy	<u>CVS - 6811024</u>	Insurance:
Symptoms, Medications, refills or message: <u>congestion 300mg, i/p Bid</u>		
Instructions Given: <i>on 11/20/99 call back</i>		
Signature <u>M Kelly</u>		

10/19/99 Above patient done called into eyes
6811024 *& Rx'd*

10-17-99 Copy of result sent to Pentucket Medical.

M Alured, Curr.

	NAME <u>Allan Norman</u>
--	--------------------------

	D.O.B. <u>11/24/47</u>
--	------------------------

GREATER LAWRENCE FAMILY HEALTH CENTER

SUPPLEMENTARIES

Phone Triage

Patient: Norman Allen D.O.B. 11-24-47 Date & Time: 9/9/99 9:40Caller & Phone#: _____ Provider: KerryPharmacy: CWS 6819943 Insurance: and 100Symptoms, Medications refills or message: albuterol 50 mg T 860 PM
Advair 300 Kilo
check 100
BP

Instructions Given:

Signature: B. L. Allen9/9/99 T.C. to CWS - Above order given - Dabirio
11-24NAME Allen NormanD.O.B. 11-24-47

GREATER LAWRENCE FAMILY HEALTH CENTER

Phone Triage		11:13 am
Patient:	Norman Allen D.O.B. 11/24/47	Date & Time 8/26/99
Caller & Phone#:		Provider M.K.
Pharmacy:	CVS 0819943	Insurance:
Symptoms, Medications refills or message:	Ambien 10 mg qhs #30 ZPT M.M.	
Instructions Given:	Chart requested 11:17 am.	
Signature E. M. M. RN		

8/26/99 Above request does not contain any S-Law.
Written note by R. Song RN

	NAME Norman Allen
	D.O.B. 11/24/47

Chart requested

GREATER LAWRENCE FAMILY HEALTH CENTER
SUBSEQUENT FINDINGS

Phone Triage

Patient: Norman Allen D.O.B. 1/24/47 Date & Time: 8/11/99

Caller & Phone#: CVS (pharmacy) Provider: _____

Pharmacy: _____ Insurance: _____

Symptoms, Medications refills or message: needs refill on
Vitram 50 mg Tab

8/12/99 may refill above #30 overfill

Instructions Given: Klonopin

Signature: E. Griswold RN

chart requested x3 E. Griswold RN

8/11/99 chart requested @ 10²⁵ p. - S. Meyer

See note re: note over

8/12/99 above refill called into cvs pharmacy
S. Meyer RN

	NAME <u>Norman Allen</u>
	D.O.B. <u>1/24/47</u>

GREATER LAWRENCE FAMILY HEALTH CENTER
SUBSEQUENT FINDINGS

Phone Triage

Patient: Norman Allen D.O.B. 11/24/47 Date & Time: 8/11/99

Caller & Phone#: CVS C81-1024 Provider: M.K.
245 50th Street, Law

Pharmacy: _____ Insurance: _____

Symptoms, Medications refills or message: Ambien 10mg 3 hs

post w/Hen

g Instructions Given: chartex on 8/28 per medical visit

Signature D. Sakem

8/11/99 phone call to D. Sakem

~~stilag~~ (last filed 7/28/99 by Dr. Kelly)

~~W/M need to be w/b~~
~~Dr. Kelly only.~~

~~W/M only give #10 with OR~~

D. Sakem

	NAME <u>Allen, Norman</u>
	D.O.B. <u>11/24/47</u>

GREATER LAWRENCE FAMILY HEALTH CENTER

SUBSEQUENT FINDINGS

Phone Triage

Patient: Norman Allen D.O.B. 11/24/47 Date & Time: 8/4/99 10:00

Caller & Phone#: David CWS Solow Provider: Mark

Pharmacy: 681-1024 Insurance: _____

Symptoms, Medications refills or message: Frequentis 300 mg 7 B.I.D.
#60

Instructions Given: chart requested

8/4/99 Abreack, phone call to CWS Signature Johnsen, L.A. Phentermine 300mg 7 B.I.D. #6044

NAME	<u>Allen, Norman</u>
D.O.B.	<u>11/24/47</u>

GREATER LAWRENCE FAMILY HEALTH CENTER

SUBSEQUENT FINDINGS

Phone Triage

Patient: Norman Allen D.O.B. 11-24-47 Date & Time: 6-28-99

Caller & Phone#: Cllk SL 6811024 Provider: M Kelly

Pharmacy: CVS Insurance: None

Symptoms, Medications refills or message:

Ritalin 30mg + Po 50g

#30 SMT

mmu

Instructions Given:

Signature: Norman Allen

6-28-99 Above refilled one call on 6-28-99

R.P.

NAME	<u>Allen</u>
D.O.B.	<u>11-24-47</u>

Norman

GREATER LAWRENCE FAMILY HEALTH CENTER
SUBSEQUENT FINDINGS

Phone Triage		10.28
Patient: <u>Norman Allen</u>	D.O.B. <u>11-24-47</u>	Date & Time <u>6-14-99</u>
Caller & Phone#: _____	Provider: <u>Karayi</u>	
Phonekey: <u>6081 1024</u>	Insurance: _____	
Symptoms, Medications refills or message: <u>Benicid Dilantin Phenytion</u> <u>100mg Tab one day</u>		
Dilantin 100 mg TID PO #4150 5 AM <u>1 ml</u>		
Instructions Given: _____		
Signature: <u>R. J. Allen</u>		

6-15-99 - Above office done called out ccs 6811024
ROS Pm

	NAME <u>Allen Norman</u>
	D.O.B. <u>11-24-47</u>

GREATER LAWRENCE FAMILY HEALTH CENTER
SUBSEQUENT FINDINGS

Phone Triage

Patient: Alan Norman D.O.B. 11/24/47 Date & Time: 6/12/99

Caller & Phone#: Silvia CVS Lab. Provider: Conner
681-1024

Pharmacy: _____ Insurance: _____

Symptoms, Medications refills or message: Dilantin 100mg tttt

QD

Instructions Given: _____

Signature Evelyn Vieroth

am for Dilantin 100mg #10
 Pt to see Dr Cleary 6/14 Tu firsle,

6/12/99 above called into Silvia @
 CVS pharmacy a message left - Silvia
 who will relay above to pt. - Evelyn

NAME	<u>Alan, Norman</u>
D.O.B.	<u>11/24/47</u>

GREATER LAWRENCE FAMILY HEALTH CENTER

SUBSEQUENT FINDINGS

Phone Triage

Patient Allan Deacon D.O.B. 11-24-47 Date & Time: 6-10-99 10:52Caller & Phone#: Doris Cus Sol Provider: ECPharmacy: C&I Pharmacy Insurance: _____Symptoms, Medications refills or message: Dilantin (Generic) 500 mg.
5 caps 1x gdInstructions Given: check requestedSignature Doris Cus SolNAME Allan DeaconD.O.B. 11-24-47

GREATER LAWRENCE FAMILY HEALTH CENTER
SUBSEQUENT FINDINGS

Phone Triage

Patient Jeanne Alle D.O.B. 11-24-47 Date & Time 4/26/99 9:10

Caller & Phone#: CJS Provider: m.k.

Pharmacy: 978-681-1624 Insurance: _____

Symptoms, Medications refills or message: Gatifloxacin 2nd # 31

Instructions Given: check requested

Signature J. Benner PV

antacid - Rx'd

4/26/99 libe under pharmed w/ CJS Gatifloxacin 2nd # 30 NR
1025

J. Benner

NAME	<u>Jean. Alle</u>
D.O.B.	<u>11-24-47</u>

GREATER LAWRENCE FAMILY HEALTH CENTER

SUBSEQUENT FINDINGS

Phone Triage

Patient: Norman Allen D.O.B. 11/24/47 Date & Time: 4/19/99 9:47 AM

Caller & Phone#: _____ Provider: Kelly

Pharmacy: CVS - South Law Insurance: None

Symptoms, Medications refills or message: Salbutamol 100 mg
1/2 tabs Bid #120 Sat

Instructions Given: Chart requested 9:50 AM

Signature ER Jandorf RN

4/21/99 T.C. to CVS - South Law.
 pharmacist states, someone already had
chart yesterday regarding above refill
ER Jandorf RN

NAME	Norman Allen
D.O.B.	11/24/47

GREATER LAWRENCE FAMILY HEALTH CENTER

Phone Triage

Patient: Allen, Norman D.O.B. 11-24-47 Date & Time: 4-19-99Caller & Phone#: CVS 681-9943 Provider: KelleyPharmacy: CVS 681-9943 Insurance: _____

Symptoms, Medications refills or message:

Salsalate 750mg ② tabs bid #120 sun4/19/99Instructions Given: 4/19/99 10th Above called into CVS PrecourturSignature Precourtur

NAME

Allen, NormanD.O.B. 11-24-47

GREATER LAWRENCE FAMILY HEALTH CENTER
SUBSEQUENT FINDINGS

Phone Triage

Patient: Dorothy Allen D.O.B. 11/24/47 Date & Time: 1/19/99 10:00

Caller & Phone#: Doris CVS SoLow Provider: brc

Pharmacy: CVS Insurance: _____

Symptoms, Medications refills or message: Neuroleptic 500 mg cap
2 Bid #80 9PM

MM

Instructions Given: chart requested

Signature: Dorothy Allen

1/19/99 Above order phoned in to WS So. Lawrence Deborah

	NAME <u>Allen, Deborah</u>
	D.O.B. <u>11/24/47</u>

GREATER LAWRENCE FAMILY HEALTH CENTER

SUBSEQUENT FINDINGS

Phone Triage

Patient: Norman Allen D.O.B. 11/24/47 Date & Time: 10/11/98 9:39Caller & Phone#: CVS 681-1024 Provider: Dr. Lawrence Kelly

Pharmacy: _____ Insurance: _____

Symptoms, Medications refills or message: Dulactin 100 mg st caps
1x9d #6s
5 pt
MMTInstructions Given: chart requestedSignature: J. Johnson, CRN

10/11/98 Above order phoned into CVS per Dr. Kelly
Dulactin 100 mg. 1 caps retake gd. 11/15/98 DRP
J. Johnson, CRN

NAME Allen, NormanD.O.B. 11/24/47

GREATER LAWRENCE FAMILY HEALTH CENTER
SUBSEQUENT FINDINGS

Phone Triage		10/5/5
Patient:	<u>Norman Allen</u>	D.O.B. <u>11/24/47</u> Date & Time <u>11/11/98</u>
Caller & Phone#:		
Pharmacy:	<u>L&M 1024</u>	Insurance:
Symptoms, Medications refills or message:		
<u>Dilacotin 100 mg po 5 tabs</u> <u>pl tabs 5 day gal.</u>		
<u>Dilacotin 100 mg po 5 tabs po sd</u> <u>Disp 160 refill</u> <u>Flu Dr Kelly</u>		
<u>K Conroy</u> <u>Signature</u>		

11/11/98 Above order called into OVS per Dr. Conroy

Dilacotin 100 mg 5 tabs po sd #150AR

D. L. Kelly

	NAME <u>Allen Norman</u>
	D.O.B. <u>11/24/47</u>

SUBSEQUENT FINDINGS

11-598 Copy of record sent to DSS# 981030-200833.
McAveley, Corr.

11-998 Copy of record sent & Disability
Evaluation Service. McAveley, Corr.

NAME

D.O.B.

GREATER LAWRENCE FAMILY HEALTH CENTER

SUBSEQUENT FINDINGS

(6/19/98 Pt wife dropped off a Physician Statement of Medical Necessity form to be filled out by Dr. Kelly. T.C. on call/late at 3:30pm to let pt know the form was ready to be picked up. Pt wife said she will be picking the paper up on 6/20/98 around 9:00 A.M.

A.D. Richter M.A.

9-11-98 EAEDC form ready to be picked up by patient. M Acosta, Cov

	NAME Norman Allen
	D.O.B. 11/24/47

SUBSEQUENT FINDINGS

D: 10 Pm

Phone Triage

Patient: Allie Norman D.O.B. 11-24-47 Date & Time 5-27-97
 Caller & Phone#: 975 7386 Provider: Lily

Pharmacy: _____ Insurance: _____

Symptoms, Medications refills or message: Diss - heavy iron w/9/97
needs water filter before thinks send in.

Soc. Secur. bldy Tax

Instructions Given:

~~POW to MK for~~ Signature Lily

	NAME <u>Allie Norman</u>
	D.O.B. <u>11-24-47</u>

SUBSEQUENT FINDINGS**Phone Triage**

Patient: Norman Allan D.O.B. 11/24/77 Date & Time: 6/19/98 1520

Caller & Phone#: HFA - Exercise Program Provider: Kelly

Pharmacy: Insurance:

Symptoms, Medications refills or message: Pt. is going to bring a referral to continue P.T. Pt. being Rx: Fibromyalgia I'll be back Thursday to see it.

Instructions Given:

client requested
1520

Signature ERSandorov RN

6/19/98 1520 T.C. to pt. to bring referral for P.T. at HFA. pt. is going to bring referral on 6/19/98 A.M. ERSandorov RN

NAME	Norman Allan
D.O.B.	11/24/77

SUBSEQUENT FINDINGS

DATE 5-27-97
 AGE YRS BP 70/70
 HGT IN 5'/158
 T 98.4 P 118 R 38

Sig 5/22 R'd LGH

Act. on Grate

MEDS

ARG.

7-16-97 Form sent to CCRB

7-22-97
L.H. Lins

DATE: 7-16-97
 AGE YRS BP: 70/70
 HGT IN 5' 155 LB
 T 98.0 P 76 R 38
 NP CV SV RY

Act. Long
 MPP

	NAME <u>Allen, Norman</u>
	D.O.B. <u>11-24-47</u>

GREATER LAWRENCE FAMILY HEALTH CENTER

SUBSEQUENT FINDINGS

DATE: 4/20/98 Flu Visit. — JL(HK)
 AGE: YRS BP: 100/70
 IGT: IN WT 137 L
 QTS: SP 68 R
 P: (PM) SV BYJL

Feil 30 60

Dr. Dr. Lewis ↑ Feil by 10
 flu shot, PT, Physician Altitude 5000 ft
 no movement Numb 30, Tmpt

Dr. Dr. Lewis D.L.
 PMR Dated 20, 2 002

	NAME <u>Allen</u>
	<u>Norman</u>
	D.O.B. <u>11-24-47</u>

GREATER LAWRENCE FAMILY HEALTH CENTER

SUBSEQUENT FINDINGS

3598 Copies to billing for pt. appt. Macawello

NO SICK CALL	M	
APR - 3 1998		
FILE/RESCHEDULE W/		

NAME

D.O.B.

SUBSEQUENT FINDINGS

8/4/99

112 74

154

972 72 20

② shoulder dislocates

freq "20x's since last visit."

ptender

Rit. Crys

M/A

NAME

Allen, Norman

D.O.B.

11-24-47

SUBSEQUENT FINDINGS

DATE: 1-31-97

AGE: 48 YRS BP: 120/80

HGT: 5'9 1/2 IN WT: 154 LB
T: 97.8 P: 86 R: 20

NP RV ✓ SV SV

PT STATES he had a seizure
on 1-23-97.

NOT SLEEPING

as EEG ab

MRI ab

short sp + slkd long = cosine

100

qud wd

No effet & Ambros

P.D?

Rich Cognac

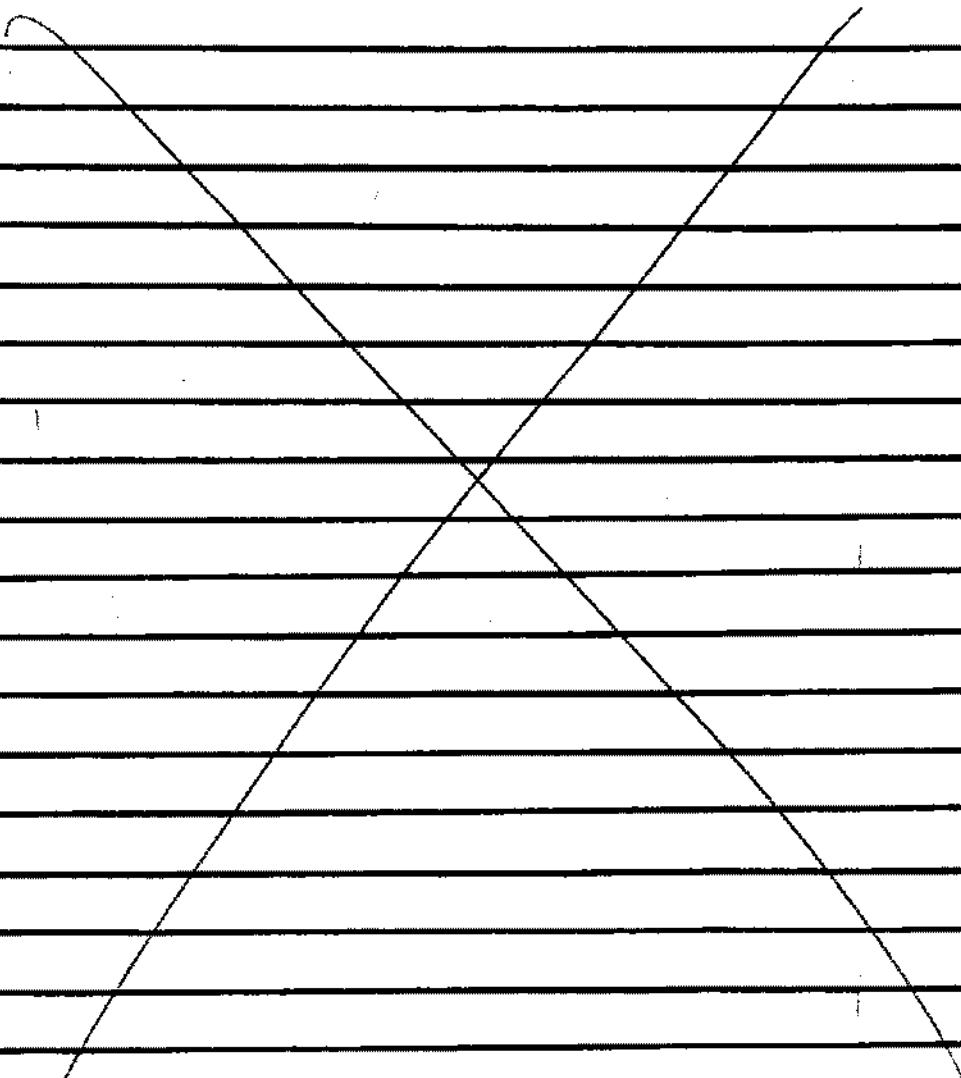
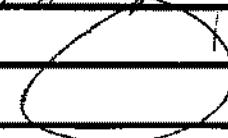
10/10/96

	NAME: Ailen
	Norman
	D.O.B.: 11-24-47

SUBSEQUENT FINDINGS

8-4-97 form (EADC) mailed to DIA

R. J. Jones



NAME

Allen, Norman

D.O.B.

11/24/47

GREATER LAWRENCE FAMILY HEALTH CENTER
SUBSEQUENT FINDINGS

Phone Triage

Patient: Allen, Norman D.O.B. 11/24/47 Date & Time: 4/14/98 9:33

Caller & Phone#: Ruth Allen 725-5227 Provider: M. Kelly

Pharmacy: CVS Bway 681-5943 Insurance: SA. Inc.

Symptoms, Medications refills or message: Dilantin 100 mg 2 tabs

PM Po QD #150 6 AM 1 PM

Computer shows #150 = 3L usually goes

Instructions Given: chart requested - call instructions

to call pharmacy re prescription

Signature: D. Johnson

4/14/98 Above Doctor phoned into CVS. D. Johnson

	NAME <u>Allen, Norman</u>
	D.O.B. <u>11/24/47</u>

SUBSEQUENT FINDINGS

4-8-97 from foundat to DO
at 903-311-3043 - *R. J. Evans*

Phone Triage		8:30 AM
Patient:	Norman Allen D.O.B. 11-24-47	Date & Time: 4/11/97
Caller & Phone#:	975-7386	Provider: Kelly
Pharmacy:	Insurance:	
Symptoms, Medications refills or message: med. for depression No allergy reaction to Zulop. every time that he takes the medication rash and itching on all body		
Instructions Given: Stop medication.		
Kelly - may 9. next apppt available		Signature <i>W. Stein, RN</i>

4/11/97 Pt's wife was called advised that he
can come for a sick visit for evaluation
tomorrow morning because pt is out of state.
W. Stein, RN

NAME	Allen, Norman
D.O.B.	11/24/47



34 Haverhill Street
Lawrence, MA 01841
(978) 686-0090
Fax (978) 687-1947

150 Park Street
Lawrence, MA 01841
(978) 685-1770
Fax (978) 682-5787

130 Parker Street
Lawrence, MA 01843
(978) 686-3017
Fax (978) 685-4280

101 Amesbury Street
Lawrence, MA 01841
(978) 686-9701
Fax (978) 975-1215

MEDICAL RECORD RELEASE AUTHORIZATION

PLEASE PRINT ALL INFORMATION

NAME: Norman Allen S.S.# 005-464086 D.O.B: 11-24-47
ADDRESS: 27 Bourque Street Lawrence MA TEL #: 7355227

I authorize and request the release of the medical records obtained in the course of my treatment at (name of health care facility).

GREATER LAWRENCE FAMILY HEALTH CENTER, INC.
PATIENT ACCOUNTS & REFERRALS
34 HAVERHILL ST. FIRST FLOOR
LAWRENCE, MA. 01841-2884

And furnish my medical records to:

DR FARZAD
Bentucket Medical Associates
203 Turnpike St. 16th Above #10845

The specific information to be released is:

<input checked="" type="checkbox"/> Complete Record	<input type="checkbox"/> Surgical Report
<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> Radiology Reports
<input type="checkbox"/> History and Physical	<input type="checkbox"/> Lab Reports
<input type="checkbox"/> Nurses Notes	<input type="checkbox"/> Progress Notes
<input type="checkbox"/> Other, specify: _____	

If my initials appear here, _____, I specifically authorize the release of drug/alcohol abuse, HIV/AIDS, family planning, and/or psychiatric records. Specify: _____

I have carefully read and understand the above statements, and do herein expressly and voluntarily consent to disclosure of the above information about, or medical records of my condition to those persons or agencies named above. I understand that any records released to the above-named person or agency will be kept confidential and will not be released without my specific authorization.

I understand this consent can be revoked at any time except to the extent that disclosure made in good faith has already occurred in reliance on this consent.

This authorization to release information expires ninety (90) days from today's date of: 11/4/99

Signature: Kurt Allen

Witness: M. Taneas

Relationship to Patient: Wife

I Norman Allen Give my Wife
Ruth Allen Permission for Release of my
Medical Records

Sign - Norman Allen

11-37999

DATE 11-3-99

Allen, Norman
11-24-97

Dr. Kelley

6-4-97

Norman often went to the DB's that you recommended Dr. Gavilesu - Neurology & he is in with Dr Basu, Norman did see him before he was the one that prescribed the Neurontin & also didn't know much that was going on & also Norman didn't understand him & does not like him, so when he had realized, when he got there who it was - he would NOT go in & I didn't care because I don't know what to say to them, because he will not go. Maybe you could recommend someone else, I don't know what else to do. You have our phone # & address if you want to reply.

Thank you very much
Brett Allen

ALL
Brett Allen

Date: 3/24/97

Dear Provider,

Our Medical Records Department has received a request that
Norman Allen 's 11124147 Record(s) Report
 be released to: _____ (Request attached)

Please indicate which portion of the record should be copied and released:

<u>Left Side</u>	<u>All</u>	<u>Specify(dates)</u>
Correspondence	<input type="checkbox"/>	_____
Off Site Medical Records	<input type="checkbox"/>	_____
Hospitilizations	<input type="checkbox"/>	_____
Data Base, Flow Sheet, Family Profile	<input type="checkbox"/>	_____
<u>Right Side</u>		
Progress Notes	<input type="checkbox"/>	_____
Social Service	<input type="checkbox"/>	_____
Laboratory	<input type="checkbox"/>	_____
Radiology	<input type="checkbox"/>	_____
Prenatal Record	<input type="checkbox"/>	_____
Cardiac/Audio	<input type="checkbox"/>	_____
Consults	<input type="checkbox"/>	_____
Other: _____	<input type="checkbox"/>	_____

I have checked the record to be sure all CONFIDENTIAL information that would require special release is so stamped and accept the responsibility if nonmarked CONFIDENTIAL information is copied and released.

____ Need patient's signature on file for release of confidential information.



Provider's Signature

3/24/97

Date



General Instructions to Medical Providers for Completing an EAEDC Medical Report Form

Massachusetts Department of Public Welfare

D

Physicians:

Your patient has applied for cash and medical assistance under the Emergency Aid to the Elderly, Disabled and Children (EAEDC) program as disabled. To be eligible, your patient must file an EAEDC Medical Report with the Department. Because the medical data included in the report (diagnosis, clinical findings, test results) will be used by the Department to determine disability, it is essential that when you complete the report you supply *all relevant information*.

There are three methods for establishing disability for purposes of EAEDC. The Medical Report asks for an opinion, based on your diagnosis and findings, of whether your patient meets the disability definition (below). The Department's Medical Review Team will review this opinion in light of the medical data you and your patient provide.

Disability: A physical or mental impairment, or combination of impairments, that

- (1) affects the patient's ability to work;
- (2) is expected to last for 60 or more days; and
- (3)
 - (a) substantially reduces or eliminates the patient's ability to support him- or herself when consideration is given to his or her functional capacity, age, education and work experience; or
 - (b) meets or is equal in severity to an impairment listed in the Department's Medical Standards (Department Regulation 106 CMR: 320.210); or
 - (c) meets or is equal in severity to an impairment listed in SSI Listing of Impairments as specified in 20 CFR, Part 404, Subpart P, Appendix I.

Important

- Complete the Medical Report form in full.

If you need a copy of the Department's Medical Standards, Fax your request using your letterhead which includes your address to (617) 727-0167 or telephone (617) 348-5299 and leave a message.

If you have any questions concerning the completion of the Medical Report or the type of information required to establish disability, telephone 1-800-851-2681.

- Attach examination findings and diagnostic tests to the Medical Report to support your opinions.
- Refer to the Department's Medical Standards and the SSI Listing of Impairments which require that a diagnosis be supported by specific clinical findings.
- More than one doctor may complete and sign the Medical Report.
- A patient may submit more than one Medical Report.

The Department will pay for the medical evaluations needed to complete an EAEDC Medical Report, including diagnostic tests, through its regular medical billing system (MMIS). Please use your regular Medicaid Provider Number when submitting invoices for these services.



**Emergency Aid to the Elderly, Disabled
and Children Medical Report**
Massachusetts Department of Public Welfare

D. Kelly, Great Lawrence Family Health Center

Physician/Community Health Center

34 Haverhill St., Lawrence MA 01810

Address (Street, City/Town/State/ZIP)

(508) 686-0090

Telephone Number

Physicians: This medical report is needed to verify whether the patient has a physical and/or mental impairment(s) that substantially reduces or eliminates the patient's ability to support him or herself. To complete this medical report refer to the General Instructions for Completing an EAEDC Medical Report, the Department's medical standards, and SSI Listing of Impairments. Complete the medical report in its entirety, sign it and return it to the patient or mail to:

Richard KAPLAN

Worker's Name (please print)

LAWRENCE

Local Welfare Office

15 UNION ST LAWRENCE, MA 01840

Address (Street, City/Town/State/ZIP)

by _____.

Call 1-800-851-2681 with any questions you may have regarding the completion of this report.

Norman G. Allen

Patient's Name (please print)

11/24/47 005-46-4086

Date of Birth

Social Security Number

27 Bourque St Lawrence, MA 01843

Complete Address (Street, City/Town/State/ZIP)

725-3574

Telephone Number

Does the patient speak and read English?

yes no If no, contact to interpret.

Name

Telephone Number

Relationship

For Department Use Only

- Applicant Recipient
- Applicant - exam over 30 days ago
- Additional Information
- Additional information for appeal scheduled on ____/____/____
- Additional information for appeal held on ____/____/____
- SSI application filed ____/____/____
- MADA application filed ____/____/____

MRT Disposition

- Meets/Equals medical standards (disabled)
- Meets/Equals SSI Listing of Impairments (disabled)
- Meets vocational standards (disabled)
- Does not meet medical/vocational standards (not disabled)
- If disabled, duration _____
- Impairment result of accident/injury

MRT Signature(s)

C. Standards

Check the section(s) of the Department's Medical Standards which you referenced for the completion of this report (106 CMR 320.210). If this medical report is based on Medically Equivalent or Combination of Impairments (O), you must check all the standards to which the impairment or combination of impairments is equivalent and complete D below.

<input type="checkbox"/> Musculoskeletal System	(A)	<input type="checkbox"/> Endocrine System	(I)
<input type="checkbox"/> Special Senses & Speech	(B)	<input type="checkbox"/> Multiple Body System	(J)
<input type="checkbox"/> Respiratory System	(C)	<input checked="" type="checkbox"/> Neurological System	(K)
<input type="checkbox"/> Cardiovascular System	(D)	<input type="checkbox"/> Mental Disorder	(L)
<input type="checkbox"/> Digestive System	(E)	<input type="checkbox"/> Immuno-suppressive Disorder	(M)
<input type="checkbox"/> Genitourinary System	(F)	<input type="checkbox"/> Neoplastic Diseases	(N)
<input type="checkbox"/> Hemic & Lymphatic Systems	(G)	<input type="checkbox"/> Medically Equivalent/ Combination of Impairments	(O)
<input type="checkbox"/> Skin	(H)		

If the SSI Listing of Impairments was referenced, please cite impairment(s)

Conclusive Evidence

D. Medically Equivalent/Combination of Impairments

If the patient has an impairment or combination of impairments that is equivalent to one or more of the medical standards listed above (A) through (N), or to an impairment included in the SSI Listing of Impairments, explain below.

D. Treatment

List planned follow-up treatment and frequency. If no follow-up treatment is planned, indicate so.

Treatment	Frequency	Duration

E. Medication

List medication(s), strength, frequency and side effects.

Medication	Strength	Frequency	Side Effects
<i>Azathioprine</i>	<i>500 mg</i>	<i>every</i>	

Part III — Assessment of Functional Capacity (complete A and B as appropriate)

A. Physical Activities

Indicate if patient can sustain the following activities on a regular basis.

1. Patient:					
can walk: <input type="checkbox"/> no restrictions <input type="checkbox"/> less than 100 ft. <input checked="" type="checkbox"/> about 500 ft. <input type="checkbox"/> 1/4 mile					
can stand daily for: <input type="checkbox"/> 8 hours <input type="checkbox"/> 6 hours <input checked="" type="checkbox"/> 4 hours <input type="checkbox"/> 2 hours <input type="checkbox"/> less than 1 hour (with breaks every two hours)					
can sit daily for: <input type="checkbox"/> 8 hours <input type="checkbox"/> 6 hours <input type="checkbox"/> 4 hours <input checked="" type="checkbox"/> 2 hours <input type="checkbox"/> less than 1 hour (with breaks)					
can stand and sit intermittently for _____ hours (with breaks)					
can bend/stoop <input type="checkbox"/> constantly <input type="checkbox"/> frequently <input checked="" type="checkbox"/> occasionally <input type="checkbox"/> never (how often per day)					
has a significant restriction of <input type="checkbox"/> arms <input type="checkbox"/> reaching <input type="checkbox"/> handling <input checked="" type="checkbox"/> none <input type="checkbox"/> legs <input type="checkbox"/> gross motor <input type="checkbox"/> fine motor <input type="checkbox"/> manipulation					
can reasonably be expected to lift frequently lift/carry occasionally <input type="checkbox"/> no limit <input type="checkbox"/> 50 lbs. <input type="checkbox"/> no limit <input type="checkbox"/> 50 lbs. <input checked="" type="checkbox"/> 20 lbs. <input type="checkbox"/> 10 lbs. <input checked="" type="checkbox"/> 20 lbs. <input type="checkbox"/> 10 lbs. <input type="checkbox"/> cannot lift 10 lbs. <input type="checkbox"/> cannot lift/carry 10 lbs.					
2. Other restrictions, if any, on physical or daily living activities <hr/> <hr/> <hr/>					

B. Mental Activities

Indicate if patient can sustain the following activities on a regular basis.

Activities	No limitations	Slightly limited	Moderately limited	Markedly limited
1. Patient has the ability to:				
a. remember and carry out simple instructions			/	
b. maintain attention and concentration in order to complete tasks in a timely manner			/	
c. make simple work-related decisions			/	
d. interact appropriately with co-workers and supervisors			/	
e. work at a consistent pace without extraordinary supervision			/	
f. respond appropriately to changes in work routine or environment			/	

2. What is the overall effect of the patient's medication on the above activities?

CommentsMichael J. Kell, MD

Print Physician's Name

505-681-0024

Telephone Number

34 Havelock St., Lawrence, MA 01840

Complete Address (Street/City/Town/State/ZIP)

MMK/JK

Physician's Signature

1/31/97

Date

110372

*Medicaid Provider Number

*If this medical exam is given in a community health center, the community center's Medicaid Provider Number is to be used.

You will be contacted if the Department's medical review team has questions about this medical report. It is important to respond to all medical review team inquiries.

Part II – Clinical Information

A. Diagnosis/Findings

For examples of the types of clinical details needed, refer to the Department's Medical Standards and the SSI Listing of Impairments which require that a diagnosis be supported by specific clinical findings.

Diagnosis	Supporting Symptoms	Pertinent Findings	Supportive Diagnostic Tests and Dates of Findings
Primary Seizures	Seizures	15	④ EEG
Onset date ____/____/?			
Date of Dx ____/____/?			
Secondary			
Onset date ____/____/?			
Date of Dx ____/____/?			
Other			
Onset date ____/____/?			
Date of Dx ____/____/?			

Patient's height _____ weight _____ blood pressure _____

Are any of these conditions a result of an accident or injury? Yes No

Have you examined or treated this patient before? Yes No

B. Medical/Psychiatric History

Include hospitalizations and/or substance abuse history within the past five years. List facilities, dates and reasons for admission(s).

None

C. Additional Impairment(s)

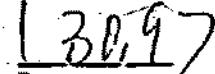
Does the patient have any other impairment(s) that may affect the patient's ability to work? If so, list the impairment(s) and if you know the physician who diagnosed or treated the patient for it, provide the physician's name, address and telephone number.

Authorization to Release Information

I hereby authorize the release of the medical/psychiatric information requested in this medical report, in writing or by telephone or fax, to the Massachusetts Department of Public Welfare and/or its medical review team.



Signature



Date

(A photocopy of this authorization may be substituted for the original.)

Important: If this medical report contains information regarding tests for the presence of HTLV-III antibody or antigen, the health care provider must obtain a written informed consent for the release of such information pursuant to Massachusetts General Law Chapter III Section 71.

Part I – Conclusions**A. Disability**

1. no physical and/or mental impairment(s) affecting ability to work
2. has a physical and/or mental impairment(s) affecting ability to work which is not expected to last sixty (60) days or more
3. has a physical and/or mental impairment(s) that meets or is equivalent to the Department's Medical Standards or the SSI Listing of Impairments and is expected to last:
 - 60 to 90 days
 - 3 to 6 months
 - 6 to 12 months
 - more than one year
4. has a physical and/or mental impairment(s) that does not meet the Department's Medical Standards or the SSI Listing of Impairments, but does affect ability to work and is expected to last:
 - 60 to 90 days
 - 3 to 6 months
 - 6 to 12 months
 - more than one year

B. Examination Date

1. Date of most recent examination 1/31/97 (should be within 30 days of date of report).
2. Is the patient's condition chronic and no improvement is expected? Yes No

(See page 3 for standards)

THE COMMONWEALTH OF MASSACHUSETTS
 DISABILITY DETERMINATION SERVICES DIVISION
 110 Chauncy Street - Boston, MA 02111
 Kasper M. Goshgarian, Deputy Commissioner

March 11, 1997

RE: Norman G Allen
 27 Bourque St 1St Flr
 Lawrence, MA 01843

Michael Kelly M.D.
 Greater Lawrence Family H.C.
 34 Haverhill Street
 Suite C & D
 Lawrence, MA 01841

DOB: 11/24/47
 SSN: 005-46-4086

Dear Michael Kelly M.D.:

Your patient has applied for Social Security Disability benefits.

We ask your help in supplying us with medical information which will be used with other evidence to decide if your patient is eligible for benefits.

To make this decision, we will need the following information:

1. A history of impairment(s), diagnosis and prognosis.
2. Objective findings based on clinical signs, physical exam(s), supporting tests and other data.
3. Description of the prescribed treating regimen and your patient's response.
4. A statement, based on your medical findings, expressing your opinion about your patient's ability, despite the functional limitations imposed by the impairment(s), to do work-related physical activities such as sitting, standing, walking, lifting, carrying, handling objects, hearing, speaking and traveling; or, if the impairment is mental, mental activities such as understanding and memory, sustained concentration and persistence, social interaction, and adaption.

This information may be communicated via the enclosed medical form(s), telephoned directly to the adjudication team, or dictated through our statewide 24 hour dictation service, 1-800-442-4194. You may FAX your report and (top sheet of) invoice using 617-654-7477. Make sure you include your patient's name and Social Security number. If additional information is needed, we may call.

We are authorized to pay \$15.00 for your report. If it is received within 15 days, we will pay an additional \$10.00.

If we need additional information, would you be willing to perform an examination and/or laboratory testing? If you are willing or have any questions, call me at (617) 654-7547 between 9:00 A.M. and 4:00 P.M. during the week or use our toll free number 1-800-882-2040.

Sincerely,

Eileen Daley
 Vocational Disability Examiner

Enc: Authorization, Invoice, Stamped Envelope, Seg: 0500 0521 0571

0401:055/L

THE COMMONWEALTH OF MASSACHUSETTS
MASSACHUSETTS REHABILITATION COMMISSION - DISABILITY DETERMINATION SERVICES
110 Chauncy Street, Boston, MA 02111

PAYMENT VOUCHER FORM
PV MRC 3000

<u>VENDOR INFO</u>	<u>CLAIMANT INFO</u>
Name: Michael Kelly M.D.	Name: Norman G Allen
Address: Greater Lawrence Family H.C. 34 Haverhill Street Suite C & D Lawrence, MA 01841	SSN: 005-46-4086 04
	Date of Request: March 11, 1997

PAYMENT INFORMATION

Vendor Code (Tax ID): 0427088240000 Invoice Number: 970311200431

- If the above Vendor Code (Tax ID) is blank and you HAVE a Massachusetts Tax ID, please enter that number in the space above.
- If you DO NOT HAVE a Massachusetts Tax ID, please call Ms. Sandy Price at (617) 654-7867. She will send you an application form.
- If the above Vendor Code (Tax ID) or your address is incorrect, please complete the following:

Correct Massachusetts Tax ID

Correct Address

- If your fee for this service is LESS THAN that provided in the accompanying letter, please enter your fee: \$ 80
- To be eligible for payment (Early=\$25/Reg=\$15), you must sign one copy of this Payment Voucher Form and return it with your MER material. The Invoice Number is your Payment Reference Number.

I certify that the service was rendered as set forth in the agency's letter of Request for Medical Evidence of Record.

~~Vendor Signature~~

(76162A)

Date _____

FOR AGENCY USE ONLY:

I have received the material sent by you concerning the disability benefits claimant and I declare under penalties of perjury that all laws of the Commonwealth pertaining to disbursements of public funds and the regulations thereof have been complied with and observed.

Eileen Daley
Vocational Disability Examiner

Date

0398:055/L

PATIENT'S NAME AND SOCIAL SECURITY NUMBER: Norman G Allen
005-46-4086

Date of first signs of illness: _____ Date you first examined patient: 1/5/91 Date you most recently examined patient: 1/31/91

What illness?

SIGNATURE: _____

11. _____

PATIENT'S NAME AND SOCIAL SECURITY NUMBER: Norman G Allen
005-46-4086

Please specify information on applicable items: ARTHRITIS

Date of first signs of illness: _____ Date you first examined patient: 1/5/71 Date you most recently examined patient: 1/31/77

DIAGNOSIS (Please specify): _____

I. Physical findings by specific joints involved (include any enlargement, heat, effusion, tenderness, stiffness, color, crepitus, pain, deformity, instability, atrophy, ROM in degrees, etc.):
None

If hands are involved, can patient approximate thumb to finger tips? Yes _____ No _____ Finger tips to palm? Yes _____ No _____

II. Laboratory findings and surgical procedures:

1. X-rays (dates, findings, sources):
eval. in progress

2. Sed. Rate, serological tests, uric acid, ANA, etc. (dates, findings, sources):
(+) Rheumatoid factor

3. Surgical procedures performed including dates and findings (please enclose copy of operative notes):

III. Pain Factor

1. Mechanical factors which incite and relieve pain:

IV. Is assistive device used? Yes _____ No _____
If "yes", can the person ambulate independently? Yes _____ No _____
What assistive device is used and why?

V. Treatment: (include any medication and dosage)

1. Current:
Advil

2. Future:
Ezudrin

PRINT NAME: _____

DATE: _____

PATIENT'S NAME AND SEC SECURITY NUMBER: Norman G.
005-46-408.

Please specify information on applicable items: CONVULSIVE DISORDER

Date of first signs of illness: _____ Date you first examined patient: 1/5/97 Date you most recently examined patient: 1/11/97

DIAGNOSIS (Please specify): Generalized Tonic Clonic Seizures

1. Type of seizure: Generalized Tonic Clonic Seizures
2. Description of seizures? (including loss of consciousness, alteration of awareness, muscle movements etc., incontinence, automatisms, inappropriate behavior, diurnal, nocturnal, etc.)
as above

3. Frequency of seizures in the past year:

4. Observed by: Physician/Nurse _____; Family Member Wife; Other: _____; Not Observed: _____

5. Therapy:

- A. Medication regimen: Nexon 600
- B. Serial Anti-Convulsive Blood Levels:
Date _____ /Level _____; Date _____ /Level _____; Date _____ /Level _____
see Dr. Bern
- C. Patient Compliance: Good / Poor / Other /.
Describe: (include any idiosyncrasy in absorption or metabolic difficulties)
- D. Side effects of medication: (e.g. drowsiness, fatigue)

6. Evidence of seizures caused by substance abuse? Yes / No /.
If "yes", please describe:

7. EEG findings and date: (include copy of EEG, if available)

④ Beta, Focal spike + Wave Activity

8. Describe any concurrent or resulting condition that may help to determine your patient's impairment and resulting restrictions:

PRINT NAME: Michael S. Kelly, MD

DATE: 3/21/97

TO BE COMPLETED BY SSA NUMBER HOLDER	
NORMAN ALLEN	
SOCIAL SECURITY NUMBER	
005-46-4084	
EMPLOYEE/CLAIMANT/BENEFICIARY (If other than Number Holder)	

**AUTHORIZATION FOR SOURCE TO RELEASE
INFORMATION TO THE SOCIAL SECURITY ADMINISTRATION (SSA)**

INFORMATION ABOUT MEDICAL OR OTHER SOURCE-PLEASE PRINT, TYPE, OR WRITE CLEARLY

NAME AND ADDRESS OF SOURCE (Include Zip Code)	RELATIONSHIP TO DISABLED PERSON
---	---------------------------------

INFORMATION ABOUT DISABLED PERSON-PLEASE PRINT, TYPE, OR WRITE CLEARLY

NAME AND ADDRESS (if known) AT TIME DISABLED PERSON HAD CONTACT WITH SOURCE (Include Zip Code)	DATE OF BIRTH	DISABLED PERSON'S I.D. NUMBER <i>(If known and different than SSN) (Clinic/Patient No.)</i>
--	---------------	--

APPROXIMATE DATES OF DISABLED PERSON'S CONTACT WITH SOURCE (e.g. dates of hospital admission, treatment, discharge, etc)

TO BE COMPLETED BY DISABLED PERSON OR PERSON AUTHORIZED TO ACT IN HIS/HER BEHALF
GENERAL AND SPECIAL AUTHORIZATION TO RELEASE MEDICAL AND OTHER INFORMATION IN ACCORDANCE WITH THE PROVISIONS OF THE SOCIAL SECURITY ACT; THE PUBLIC HEALTH SERVICE ACT, SECTIONS 523 AND 527; AND TITLE 38 U.S.C. VETERANS BENEFITS SECTION 4132.

I hereby authorize the above-named source to release or disclose to the Social Security Administration or State agency the following information for the period(s) identified above:

- 1) All medical records or other information regarding my treatment, hospitalization, and/or outpatient care for my impairment(s), including psychological or psychiatric impairment(s), drug abuse, alcoholism, sickle cell anemia, or human immunodeficiency virus (HIV) infection, including acquired immunodeficiency syndrome (AIDS), or tests for HIV;
- 2) Information about how my impairment(s) affects my ability to complete tasks and activities of daily living;
- 3) Information about how my impairment(s) affected my ability to work.

I authorize the use of a telefax or photocopy of this form for the release or disclosure of the information described above.

I understand that this authorization, except for action already taken, may be voided by me at anytime. If I do not void this authorization, it will automatically end when a final decision is made on my claim. If I am already receiving benefits, the authorization will end when a final decision is made as to whether I can continue to receive benefits.

READ IMPORTANT INFORMATION ON REVERSE BEFORE SIGNING FORM BELOW.

SIGNATURE OF DISABLED PERSON OR PERSON AUTHORIZED TO ACT IN HIS/HER BEHALF	RELATIONSHIP TO DISABLED PERSON (if other than self)	DATE
<i>Norman Allen</i>	<i>Self</i>	<i>3/11/97</i>

STREET ADDRESS	TELEPHONE NUMBER (Area Code)
<i>27 Bourque St</i>	<i>1st Flr 508 682-6479</i>
CITY	STATE ZIP CODE
<i>Brewster</i>	<i>MA 01844-3</i>

The signature and address of a person who either knows the person signing this form or is satisfied as to that person's identity is requested below. This is not required by the Social Security Administration, but without it the source may not honor this authorization.

SIGNATURE OF WITNESS	STREET ADDRESS
<i>[Signature]</i>	<i>Cir</i>
CITY	STATE ZIP CODE

HEALTHPRO/UNITED HEALTHCARE SERVICES, INC.

ONE RESEARCH DRIVE

P.O. BOX 5086

WESTBOROUGH, MA 01581

Date: 02/26/97

Re: NORMAN G. ALLEN

Addr: 27 BOURQUE STREET

LAWRENCE, MA 01843

DOB: 11/24/47

SSN: 005-46-4086

HP ID: 62-12-918 /397

DR. M. KELLY
LAWRENCE FAMILY HEALTH CENTER
34 HAVERHILL ST.
LAWRENCE, MA 01810

Your patient is applying for Emergency Aid to the Elderly, Disabled and Children through the Massachusetts Department of Transitional Assistance with the stated impairments of:

CONVULSIVE DISORDER. CLIENT STATES ANXIETY, BODY PAINS, SHOULDER DISLOCATION, MEMORY LOSS.

HealthPro has been contracted by the Department to conduct the disability review of your patients application. Please send copies of the following, including dates of the appropriate tests:

- Evidence of joint instability
- Evidence of significant loss or injury which prohibits function of an upper or lower extremity
- EEG interpretations
- Serum anti-convulsive medication levels
- Evidence of significant disorganization of motor function in one or more extremities?
- Evidence of disturbance in gait, gross motor, fine motor or handling
- A clinically detailed description of typical seizure pattern, including all associated phenomena
- Frequency of seizures
- Date of last seizure
- Epilepsy daytime or nocturnal episodes?

- Clinical objective evidence of mental status abnormalities with diagnosis
- Is patient markedly impaired in ADL, social functioning, ability to think and/or concentrate and is decompensating in work or work-like setting
- Describe specific objective signs/symptoms of mental disorder
- Evidence of generalized persistent anxiety
- Evidence of motor tension, autonomic hyperactivity, apprehensive expectation and/or vigilance & scanning
- Evidence of a persistent irrational fear of a specific object, activity or situation
- Functional capacity evaluation/physical-RFC enclosed
- Functional capacity evaluation/mental-RFC enclosed

You may respond in any of the following ways:

Mail the requested information to HealthPro at the address above;

Call the case examiner at 1-800-851-2681;

Examiners are available during the hours of 8:00 AM to 4:00 PM;

A message may be left for the examiner during non-business hours by dialing the number shown above and using the extension ;

FAX number (508) 366-3113 is available for your convenience.

Sincerely,

DIANE LUCHINI, R.N.

* M.G.L. C.112 Sec. 12CC requires that copies of a patient's
* medical record be provided, at no fee, within 30 days of the
* request for any federal or state needs based program. EAEDC
* is such a program, and your cooperation is greatly appreciated.

NORMAN ALLEN
 27 BOURQUE STREET
 LAWRENCE MA 01843
 DOB: 11/24/47 SSN:005464086
 HealthPro ID: 6212918

Department of Transitional Assistance EAEDC Program

Applicant/Recipient Name: _____

PHYSICAL RFC WORKSHEET

Patient can walk daily:

no restriction less than 100 ft. about 500 ft. 1/4 mile

Patient can stand daily (with breaks every two hours) for:

8 hours 6 hours 4 hours 2 hours less than 1 hour

Patient can sit daily (with breaks) for:

8 hours 6 hours 4 hours 2 hours less than 1 hour

Patient can stand and sit intermittently (with breaks) for _____ hours.

Patient can bend/stoop (how often per day):

constantly frequently occasionally never

Patient has a significant restriction of:

<input type="checkbox"/> arms	<input type="checkbox"/> legs	<input type="checkbox"/> reaching	<input type="checkbox"/> none
<input type="checkbox"/> handling	<input type="checkbox"/> gross motor	<input type="checkbox"/> fine motor	<input checked="" type="checkbox"/> manipulation

Patient can reasonably be expected to:

Lift Frequently

<input type="checkbox"/> 10 pounds	<input checked="" type="checkbox"/> 20 pounds	<input type="checkbox"/> 10 pounds	<input checked="" type="checkbox"/> 20 pounds
<input type="checkbox"/> 50 pounds	<input type="checkbox"/> no limit	<input type="checkbox"/> 50 pounds	<input type="checkbox"/> no limit
<input type="checkbox"/> cannot lift 10 pounds		<input type="checkbox"/> cannot lift/carry 10 pounds	

Lift/Carry Occasionally

<input type="checkbox"/> 10 pounds	<input checked="" type="checkbox"/> 20 pounds
<input type="checkbox"/> 50 pounds	<input type="checkbox"/> no limit
<input type="checkbox"/> cannot lift/carry 10 pounds	

Other restrictions, if any, on physical activities or activities of daily living. (Include the effects of pain)

MENTAL RFC WORKSHEET

Activities	No Limitation	Slightly Limited	Moderately Limited	Markedly Limited
Ability to remember and carry out simple instructions				
Ability to maintain attention and concentration				
Ability to make simple work related decisions				
Ability to interact appropriately with co-workers & supervisors				
Ability to work at a consistent pace without extra supervision				
Ability to respond appropriately to changes in work routine				
The overall effect of the patient's medication on the above activities				

Comments:

Physician Signature _____

Date _____

3/11/97

Part VII—Other Treating Sources

Please identify below any other doctor(s), hospital(s), clinic(s) or outpatient department(s) where you have received care.

DR Michael Kelly 6860090
Name of doctor, hospital, clinic or outpatient department Telephone number

34 Haverhill St Lawrence MA 01841
Street address City/Town State/ZIP

Date(s) seen	Reason for visit
<u>1/13/97</u>	<u>Seizures - Cannot Remember dates other</u>
<u>1/18/97</u>	<u>Date of last seizure Law, general</u>
<u>1/1</u>	<u></u>
<u>1/1</u>	<u></u>

I hereby authorize the release of my medical/psychiatric information requested, in writing, by phone or fax, to the Department of Transitional Assistance and/or its medical review team.

Dorothy Allen
Signature

2/17/97
Date

(A photocopy of this authorization may be substituted for the original.)

HEALTHPRO/UNITED HEALTHCARE SERVICES, INC.
ONE RESEARCH DRIVE
P.O. BOX 5086
WESTBOROUGH, MA 01581

Date: 12/23/97
Re: NORMAN ALLEN
Addr: 27 BOURQUE ST

LAWRENCE, MA 01843
DOB: 11/24/47
SSN: 005-46-4086
HP ID: 63-10-641 /307

MICHAEL KELLEY, MD
34 HAVERHILL STREET
LAWRENCE, MA 01841

P/I to [REDACTED]
Please copy [REDACTED]
and mail with
the enclosed form
MPL

Your patient is applying for Emergency Aid to the Elderly, Disabled and Children through the Massachusetts Department of Transitional Assistance with the stated impairments of:

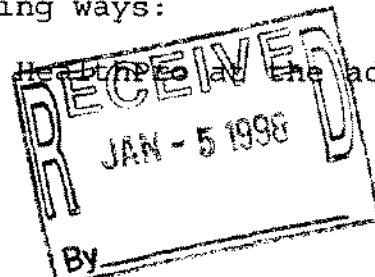
FIBROMYALGIA, EPILEPSY; APPLICANT ALSO REPORTS
FEAR, ANGER, POOR MEMORY, SHOULDER DISLOCATION, BACK & JOINT
PAIN, DEPRESSION, AND SOCIAL ISOLATION.

HealthPro has been contracted by the Department to conduct the disability review of your patients application. Please send copies of the following, including dates of the appropriate tests:

- Clinical objective evidence of mental status abnormalities with diagnosis
- Psychological testing and evaluation
- Evidence of marked difficulties in maintaining social functioning
- Consultation notes including psychiatric consultation
- History & physical, diagnosis, treatment plan, functioning capacity, prognosis, and any test results that support findings
- Functional capacity evaluation/physical-RFC enclosed
- Functional capacity evaluation/mental-RFC enclosed

You may respond in any of the following ways:

Mail the requested information to [REDACTED] at the address above;



Call the case examiner at 1-800-851-2681;

Examiners are available during the hours of 8:00 AM to 4:00 PM;

A message may be left for the examiner during non-business hours by dialing the number shown above and using the extension 4046;

FAX number (508) 366-3113 is available for your convenience.

Sincerely,

PATRICIA CARROLL, R.N.

* M.G.L. C.112 Sec. 12CC requires that copies of a patient's *
* medical record be provided, at no fee, within 30 days of the *
* request for any federal or state needs based program. EAEDC *
* is such a program, and your cooperation is greatly appreciated. *

Department of Transitional Assistance
EAEDC Program

Applicant/Recipient Name: _____

NORMAN ALLEN
27 BOURQUE ST.
LAWRENCE
DOB: 11/24/47 MA 01843
HealthPro ID: 6310641 SSN: 005-46-4086
Examiner: 307

PHYSICAL RFC WORKSHEET

Patient can walk daily:

no restriction less than 100 ft. about 500 ft. 1/4 mile

Patient can stand daily (with breaks every two hours) for:

8 hours 6 hours 4 hours 2 hours less than 1 hour

Patient can sit daily (with breaks) for:

8 hours 6 hours 4 hours 2 hours less than 1 hour

Patient can stand and sit intermittently (with breaks) for _____ hours.

Patient can bend/stoop (how often per day):

constantly frequently occasionally never

Patient has a significant restriction of:

<input checked="" type="checkbox"/> arms	<input checked="" type="checkbox"/> legs	<input type="checkbox"/> reaching	<input type="checkbox"/> none
<input checked="" type="checkbox"/> handling	<input type="checkbox"/> gross motor	<input type="checkbox"/> fine motor	<input type="checkbox"/> manipulation

Patient can reasonably be expected to:

Lift Frequently

<input checked="" type="checkbox"/> 10 pounds	<input type="checkbox"/> 20 pounds
<input type="checkbox"/> 50 pounds	<input type="checkbox"/> no limit
<input type="checkbox"/> cannot lift 10 pounds	

Lift/Carry Occasionally

<input type="checkbox"/> 10 pounds	<input type="checkbox"/> 20 pounds
<input type="checkbox"/> 50 pounds	<input type="checkbox"/> no limit
<input type="checkbox"/> cannot lift/carry 10 pounds	

Other restrictions, if any, on physical activities or activities of daily living. (Include the effects of pain)

MENTAL RFC WORKSHEET

Activities	No Limitation	Slightly Limited	Moderately Limited	Markedly Limited
Ability to remember and carry out simple instructions			<input checked="" type="checkbox"/>	
Ability to maintain attention and concentration			<input checked="" type="checkbox"/>	
Ability to make simple work related decisions			<input checked="" type="checkbox"/>	
Ability to interact appropriately with co-workers & supervisors			<input checked="" type="checkbox"/>	
Ability to work at a consistent pace without extra supervision			<input checked="" type="checkbox"/>	
Ability to respond appropriately to changes in work routine			<input checked="" type="checkbox"/>	
The overall effect of the patient's medication on the above activities			<input checked="" type="checkbox"/>	

Comments:

Physician Signature

M.W.H.P.

Date

1/10/98

Part VII—Other Treating Sources

Please identify below any other doctor(s), hospital(s), clinic(s) or other health care provider(s) where you have received care.

1. Dr Michael Kelley + _____ Telephone number 686-0090-65144
 Name of doctor, hospital, clinic or other health care provider department

34 Harrhill ST _____ City/Town Lawrence _____ State/ZIP MA 01841
 Street address

Date(s) seen	Reason for visit
<u>1/31/97</u>	<u>CK up + med 3</u>
<u>3/27/97</u>	<u>NOT feeling well CK up</u>
<u>4/1/97</u>	<u>MRI Law. bcn.</u>
<u>5/22/97</u>	<u>Law bcn Emer. Seizure</u>

I hereby authorize the release of my medical/psychiatric information requested, in writing, by phone or fax, to the Department of Transitional Assistance and/or its medical review team.

Dorothy Allen
 Signature

12/1/97
 Date

(A photocopy of this authorization may be substituted for the original.)



General Instructions to Medical Providers for Completing an EAEDC Medical Report Form

Massachusetts Department of Transitional Assistance

Do Before Dec 7/25

Physicians:

Your patient has applied for cash and medical assistance under the Emergency Aid to the Elderly, Disabled and Children (EAEDC) program as disabled. To be eligible, your patient must file an EAEDC Medical Report with the Department. Because the medical data included in the report (diagnosis, clinical findings, test results) will be used by the Department to determine disability, it is essential that when you complete the report you supply *all relevant information*.

There are three methods for establishing disability for purposes of EAEDC. The Medical Report asks for an opinion, based on your diagnosis and findings, of whether your patient meets the disability definition (below). The Department's Medical Review Team will review this opinion in light of the medical data you and your patient provide.

Disability: A physical or mental impairment, or combination of impairments, that

- (1) affects the patient's ability to work;
- (2) is expected to last for 60 or more days; and
- (3)
 - (a) substantially reduces or eliminates the patient's ability to support him- or herself when consideration is given to his or her functional capacity, age, education and work experience; or
 - (b) meets or is equal in severity to an impairment listed in the Department's Medical Standards (Department Regulation 106 CMR: 320.210); or
 - (c) meets or is equal in severity to an impairment listed in SSI Listing of Impairments as specified in 20 CFR, Part 404, Subpart P, Appendix I.

Important

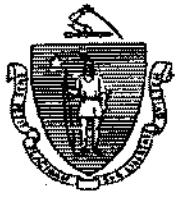
- Complete the Medical Report form in full.

If you need a copy of the Department's Medical Standards, Fax your request using your letterhead which includes your address to (617) 727-0167 or telephone (617) 348-5299 and leave a message.

If you have any questions concerning the completion of the Medical Report or the type of information required to establish disability, telephone 1-800-851-2681.

- Attach examination findings and diagnostic tests to the Medical Report to support your opinions.
- Refer to the Department's Medical Standards and the SSI Listing of Impairments which require that a diagnosis be supported by specific clinical findings.
- More than one doctor may complete and sign the Medical Report.
- A patient may submit more than one Medical Report.

The Department will pay for the medical evaluations needed to complete an EAEDC Medical Report, including diagnostic tests, through its regular medical billing system (MMIS). Please use your regular Medicaid Provider Number when submitting invoices for these services.



**Emergency Aid to the Elderly, Disabled
and Children Medical Report**
Massachusetts Department of Transitional Assistance

Kelly
Physician/Community Health Center

686-1140
Telephone Number

Han J. Lawrence
Address (Street, City/Town/State/ZIP)

Physicians: This medical report is needed to verify whether the patient has a physical and/or mental impairment(s) that substantially reduces or eliminates the patient's ability to support him or herself. To complete this medical report refer to the General Instructions for Completing an EAEDC Medical Report, the Department's medical standards, and SSI Listing of Impairments. Complete the medical report in its entirety, sign it and return it to the patient or mail to:

Worker's Name (please print)

Local Welfare Office

by _____/_____/_____

Address (Street, City/Town/State/ZIP)

Call 1-800-851-2681 with any questions you may have regarding the completion of this report.

N. Allen
Patient's Name (please print)

/ /
Date of Birth

Social Security Number

Complete Address (Street, City/Town/State/ZIP)

Telephone Number

Does the patient speak and read English? yes no If no, contact to interpret.

Name

Telephone Number

Relationship

For Department Use Only

- Applicant Recipient
- Applicant - exam over 30 days ago
- Additional Information
- Additional information for appeal scheduled on / /
- Additional information for appeal held on / /
- SSI application filed / /
- MADA application filed / /

MRT Disposition

- Date Received / /
- Date Due / /
- Meets/Equals medical standards (disabled)
- Meets/Equals SSI Listing of Impairments (disabled)
- Meets vocational standards (disabled)
- Does not meet medical/vocational standards (not disabled)

If disabled, duration _____

Impairment result of accident/injury

MRT Signature(s)

C. Standards

Check the section(s) of the Department's Medical Standards which you referenced for the completion of this report (106 CMR 320.210). If this medical report is based on Medically Equivalent or Combination of Impairments (0), you must check all the standards to which the impairment or combination of impairments is equivalent and complete D below.

<input checked="" type="checkbox"/> Musculoskeletal System	(A)	<input type="checkbox"/> Endocrine System	(I)
<input type="checkbox"/> Special Senses & Speech	(B)	<input type="checkbox"/> Multiple Body System	(J)
<input type="checkbox"/> Respiratory System	(C)	<input type="checkbox"/> Neurological System	(K)
<input type="checkbox"/> Cardiovascular System	(D)	<input type="checkbox"/> Mental Disorder	(L)
<input type="checkbox"/> Digestive System	(E)	<input type="checkbox"/> Immuno-suppressive Disorder	(M)
<input type="checkbox"/> Genitourinary System	(F)	<input type="checkbox"/> Neoplastic Diseases	(N)
<input type="checkbox"/> Hemic & Lymphatic Systems	(G)	<input type="checkbox"/> Medically Equivalent/ Combination of Impairments	(O)
<input type="checkbox"/> Skin	(H)		

If the SSI Listing of Impairments was referenced, please cite impairment(s)

Fibromyalgia

Epi/ogy

D. Medically Equivalent/Combination of Impairments

If the patient has an impairment or combination of impairments that is equivalent to one or more of the medical standards listed above (A) through (N), or to an impairment included in the SSI Listing of Impairments, explain below.

D. Treatment

List planned follow-up treatment and frequency. If no follow-up treatment is planned, indicate so.

Treatment	Frequency	Duration

E. Medication

List medication(s), strength, frequency and side effects.

Medication	Strength	Frequency	Side Effects
Elavil , Zanax			
Motrin			

Part III — Assessment of Functional Capacity
(complete A and B as appropriate)

A. Physical Activities

Indicate if patient can sustain the following activities on a regular basis.

1. Patient:				
can walk:	<input type="checkbox"/> no restrictions	<input type="checkbox"/> less than 100 ft.	<input checked="" type="checkbox"/> about 500 ft.	<input type="checkbox"/> 1/4 mile
can stand daily for: (with breaks every two hours)	<input type="checkbox"/> 8 hours	<input type="checkbox"/> 6 hours	<input type="checkbox"/> 4 hours	<input checked="" type="checkbox"/> 2 hours <input type="checkbox"/> less than 1 hour
can sit daily for: (with breaks)	<input type="checkbox"/> 8 hours	<input type="checkbox"/> 6 hours	<input type="checkbox"/> 4 hours	<input checked="" type="checkbox"/> 2 hours <input type="checkbox"/> less than 1 hour
can stand and sit intermittently for	<input checked="" type="checkbox"/>	hours (with breaks)		
can bend/stoop (how often per day)	<input type="checkbox"/> constantly	<input type="checkbox"/> frequently	<input checked="" type="checkbox"/> occasionally	<input type="checkbox"/> never
has a significant restriction of	<input checked="" type="checkbox"/> arms <input type="checkbox"/> legs	<input type="checkbox"/> reaching <input type="checkbox"/> gross motor	<input type="checkbox"/> handling <input type="checkbox"/> fine motor	<input type="checkbox"/> none <input type="checkbox"/> manipulation
can reasonably be expected to	lift frequently <input type="checkbox"/> no limit <input checked="" type="checkbox"/> 20 lbs. <input type="checkbox"/> cannot lift 10 lbs.	lift/carry occasionally <input type="checkbox"/> 50 lbs. <input type="checkbox"/> 10 lbs. <input type="checkbox"/> cannot lift/carry 10 lbs.	<input type="checkbox"/> no limit <input checked="" type="checkbox"/> 20 lbs. <input type="checkbox"/> cannot lift/carry 10 lbs.	<input type="checkbox"/> 50 lbs. <input type="checkbox"/> 10 lbs.
2. Other restrictions, if any, on physical or daily living activities				
<hr/> <hr/> <hr/>				

Date: 7/10/97

Dear Provider,

Our Medical Records Department has received a request that
Nilman Allen 's 111 24197 Record(s) Report
 be released to: _____ (Request attached)

Please indicate which portion of the record should be copied and released:

<u>Left Side</u>	<u>All</u>	<u>Specify(dates)</u>
Correspondence	_____	_____
Off Site Medical Records	_____	_____
Hospitalizations	_____	_____
Data Base, Flow Sheet, Family Profile	_____	_____
<u>Right Side</u>		
Progress Notes	_____	_____
Social Service	_____	_____
Laboratory	_____	_____
Radiology	_____	_____
Prenatal Record	_____	_____
Cardiac/Audio	_____	_____
Consults	_____	_____
Other: _____	_____	_____

I have checked the record to be sure all CONFIDENTIAL information that would require special release is so stamped and accept the responsibility if nonmarked CONFIDENTIAL information is copied and released.

____ Need patient's signature on file for release of confidential information.

MW 7/10/97
 Provider's Signature Date

THE COMMONWEALTH OF MASSACHUSETTS
D. ABILITY DETERMINATION SERVICES ISSION
110 Chauncy Street - Boston, MA 02111
Kasper M. Goshgarian, Deputy Commissioner

June 23, 1997

RE: Norman G Allen
27 Bourque St 1st Flr
Lawrence, MA 01843

Michael Kelley MD
Greater Lawrence Family Health
34 Haverhill St.
Lawrence, MA 01841

DOB: 11/24/47
SSN: 005-46-4086 05
MAU: 970623-200397

Dear Michael Kelley MD:

Your patient has applied for Social Security Disability benefits.

We ask your help in supplying us with medical information which will be used with other evidence to decide if your patient is eligible for benefits.

To make this decision, we will need the following information:

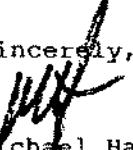
1. A history of impairment(s), diagnosis and prognosis.
2. Objective findings based on clinical signs, physical exam(s), supporting tests and other data.
3. Description of the prescribed treating regimen and your patient's response.
4. A statement, based on your medical findings, expressing your opinion about your patient's ability, despite the functional limitations imposed by the impairment(s), to do work-related physical activities such as sitting, standing, walking, lifting, carrying, handling objects, hearing, speaking and traveling; or, if the impairment is mental, mental activities such as understanding and memory, sustained concentration and persistence, social interaction, and adaption.

This information may be communicated via the enclosed medical form(s), telephoned directly to the adjudication team, or dictated through our statewide 24 hour dictation service, 1-800-442-4194. You may FAX your report and (top sheet of) invoice using 617-654-7477. Make sure you include your patient's name and Social Security number. If additional information is needed, we may call.

We are authorized to pay \$15.00 for your report. If it is received within 15 days, we will pay an additional \$10.00.

If we need additional information, would you be willing to perform an examination and/or laboratory testing? If you are willing or have any questions, call me at (617) 654-7554 between 9:00 A.M. and 4:00 P.M. during the week or use our toll free number 1-800-882-2040.

Sincerely,


Michael Harrison
Vocational Disability Examiner

Enc: Authorization, Invoice, Stamped Envelope, Seg: 0571

0401:057/16

THE COMMONWEALTH OF MASSACHUSETTS
MASSACHUSETTS REHABILITATION COMMISSION - DISABILITY DETERMINATION SERVICES
110 Chauncy Street, Boston, MA 02111

PAYMENT VOUCHER FORM
PV MRC 3000

VENDOR INFO

CLAIMANT INFO

Name: Michael Kelley MD	Name: Norman G Allen
Address: Greater Lawrence Family Health	SSN: 005-46-4086 05
34 Haverhill St.	
Lawrence, MA 01841	Date of Request: June 23, 1997

PAYMENT INFORMATION

Vendor Code (Tax ID): 0427088240000

Invoice Number: 970623200397

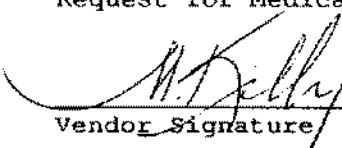
- If the above Vendor Code (Tax ID) is blank and you HAVE a Massachusetts Tax ID, please enter that number in the space above.
- If you DO NOT HAVE a Massachusetts Tax ID, please call Ms. Sandy Price at (617) 654-7867. She will send you an application form.
- If the above Vendor Code (Tax ID) or your address is incorrect, please complete the following:

Correct Massachusetts Tax ID

Correct Address

- If your fee for this service is LESS THAN that provided in the accompanying letter, please enter your fee: \$ 29
- To be eligible for payment (Early=\$25/Reg=\$15), you must sign one copy of this Payment Voucher Form and return it with your MER material. The Invoice Number is your Payment Reference Number.

I certify that the service was rendered as set forth in the agency's letter of Request for Medical Evidence of Record.


Vendor Signature

(78322A)

7/16/97
Date

FOR AGENCY USE ONLY:

I have received the materials requested from the vendor concerning the disability benefits claimant above. I hereby certify under the penalties of perjury that all laws of the Commonwealth governing disbursements of public funds and the regulations thereof have been complied with and observed.

Michael Harrison
Vocational Disability Examiner

Date
0398:057/16

PATIENT'S NAME AND SOCIAL SECURITY NUMBER: Norman G. Allen
005-46-4086

Please specify information on applicable items: CONVULSIVE DISORDER

Date of first signs of illness: _____ Date you first examined patient: 1/5/96 Date you most recently examined patient: 5/27/97

DIAGNOSIS (Please specify): _____

1. Type of seizure: Tonic-Clonic Seizures

2. Description of seizures: (including loss of consciousness, alteration of awareness, muscle movements (ris, incontinence, automatisms, inappropriate behavior, diurnal, nocturnal, etc.)

Classical generalized Tonic-Clonic Seizures

loss of consciousness, etc.

3. Frequency of seizures in the past year:

1/ every 2 months

4. Observed by: Physician/Nurse ; Family Member ;
Other: _____; Not Observed: _____

5. Therapy:

A. Medication regimen: Nernoxin / Atacrine

B. Serial Anti-Convulsive Blood Levels:

Date 1/14/96/Level 14.1; Date 1/97/Level 13.0; Date 9/14/97/Level 11.4

C. Patient Compliance: Good Poor Other .

Describe: (include any idiosyncrasy in absorption or metabolic difficulties)

D. Side effects of medication: (e.g. drowsiness, fatigue)

6. Evidence of seizures caused by substance abuse? Yes No
If "yes", please describe:

7. EEG findings and date: (include copy of EEG, if available)

(+) for spike-wave abnormalities

8. Describe any concurrent or resulting condition that may help to determine your patient's impairment and resulting restrictions:

SIGNATURE: W.M. Kelly

PRINT NAME: Michael J. Kelly

DATE: 7/10/97

TO BE COMPLETED BY SSA

NUMBER HOLDER

SOCIAL SECURITY NUMBER

EMPLOYEE/CLAIMANT/BENEFICIARY *(If other than Number Holder)*

**AUTHORIZATION FOR SOURCE TO RELEASE
INFORMATION TO THE SOCIAL SECURITY ADMINISTRATION (SSA)**

INFORMATION ABOUT MEDICAL OR OTHER SOURCE-PLEASE PRINT, TYPE, OR WRITE CLEARLY

NAME AND ADDRESS OF SOURCE *(Include Zip Code)*

RELATIONSHIP TO DISABLED PERSON

INFORMATION ABOUT DISABLED PERSON-PLEASE PRINT, TYPE, OR WRITE CLEARLY

NAME AND ADDRESS *(if known)* AT TIME DISABLED PERSON HAD CONTACT WITH SOURCE *(Include Zip Code)*

DATE OF BIRTH

DISABLED PERSON'S I.D. NUMBER
*(If known and different than SSN
(Clinic/Patient No.)*

APPROXIMATE DATES OF DISABLED PERSON'S CONTACT WITH SOURCE *(e.g. dates of hospital admission, treatment, discharge, etc)*

TO BE COMPLETED BY DISABLED PERSON OR PERSON AUTHORIZED TO ACT IN HIS/HER BEHALF
GENERAL AND SPECIAL AUTHORIZATION TO RELEASE MEDICAL AND OTHER INFORMATION IN ACCORDANCE WITH THE PROVISIONS OF THE SOCIAL SECURITY ACT; THE PUBLIC HEALTH SERVICE ACT, SECTIONS 523 AND 527; AND TITLE 38 U.S.C. VETERANS BENEFITS SECTION 4132.

I hereby authorize the above-named source to release or disclose to the Social Security Administration or State agency the following information for the period(s) identified above:

- 1) All medical records or other information regarding my treatment, hospitalization, and/or outpatient care for my impairment(s), including psychological or psychiatric impairment(s), drug abuse, alcoholism, sickle cell anemia, or human immunodeficiency virus (HIV) infection, including acquired immunodeficiency syndrome (AIDS), or tests for HIV;
- 2) Information about how my impairment(s) affects my ability to complete tasks and activities of daily living;
- 3) Information about how my impairment(s) affected my ability to work.

I authorize the use of a telefax or photocopy of this form for the release or disclosure of the information described above.

I understand that this authorization, except for action already taken, may be voided by me at anytime. If I do not void this authorization, it will automatically end when a final decision is made on my claim. If I am already receiving benefits, the authorization will end when a final decision is made as to whether I can continue to receive benefits.

READ IMPORTANT INFORMATION ON REVERSE BEFORE SIGNING FORM BELOW.

SIGNATURE OF DISABLED PERSON OR PERSON AUTHORIZED TO ACT IN HIS/HER BEHALF

RELATIONSHIP TO DISABLED PERSON *(if other than self)*

DATE

STREET ADDRESS

27 Bourgogne ST

TELEPHONE NUMBER *(Area Code)*

CITY

Law.

STATE

MA.

ZIP CODE

01843

The signature and address of a person who either knows the person signing this form or is satisfied as to that person's identity is requested below. This is not required by the Social Security Administration, but without it the source may not honor this authorization.

SIGNATURE OF WITNESS

STREET ADDRESS

CITY

STATE

ZIP CODE



General Instructions to Medical Providers for Completing an EAEDC Medical Report Form

Massachusetts Department of Transitional Assistance

Physicians:

Your patient has applied for cash and medical assistance under the Emergency Aid to the Elderly, Disabled and Children (EAEDC) program as disabled. To be eligible, your patient must file an EAEDC Medical Report with the Department. Because the medical data included in the report (diagnosis, clinical findings, test results) will be used by the Department to determine disability, it is essential that when you complete the report you supply *all relevant information*.

There are three methods for establishing disability for purposes of EAEDC. The Medical Report asks for an opinion, based on your diagnosis and findings, of whether your patient meets the disability definition (below). The Department's Medical Review Team will review this opinion in light of the medical data you and your patient provide.

Disability: A physical or mental impairment, or combination of impairments, that

- (1) affects the patient's ability to work;
- (2) is expected to last for 60 or more days; and
- (3)
 - (a) substantially reduces or eliminates the patient's ability to support him-or herself when consideration is given to his or her functional capacity, age, education and work experience; or
 - (b) meets or is equal in severity to an impairment listed in the Department's Medical Standards (Department Regulation 106 CMR: 320.210); or
 - (c) meets or is equal in severity to an impairment listed in SSI Listing of Impairments as specified in 20 CFR, Part 404, Subpart P, Appendix I.

Important

- Complete the Medical Report form in full.

If you need a copy of the Department's Medical Standards, Fax your request using your letterhead which includes your address to (617) 727-0167 or telephone (617) 348-5299 and leave a message.

If you have any questions concerning the completion of the Medical Report or the type of information required to establish disability, telephone 1-800-888-3420.

- Attach examination findings and diagnostic tests to the Medical Report to support your opinions.
- Refer to the Department's Medical Standards and the SSI Listing of Impairments which require that a diagnosis be supported by specific clinical findings.
- More than one doctor may complete and sign the Medical Report.
- A patient may submit more than one Medical Report.

The Department will pay for the medical evaluations needed to complete an EAEDC Medical Report, including diagnostic tests, through its regular medical billing system (MMIS). Please use your regular MassHealth Provider Number when submitting invoices for these services.



**Emergency Aid to the Elderly, Disabled
and Children Medical Report**
Massachusetts Department of Transitional Assistance

D. Kelly / CLK
 Physician/Community Health Center

686-0090
 Telephone Number

34 Haverhill St., Lawrence, MA 01841
 Address (Street, City/Town/State/ZIP)

Physicians: This medical report is needed to verify whether the patient has a physical and/or mental impairment(s) that substantially reduces or eliminates the patient's ability to support him or herself. To complete this medical report refer to the General Instructions for Completing an EAEDC Medical Report, the Department's medical standards, and SSI Listing of Impairments. Complete the medical report in its entirety, sign it and return it to the patient or mail to:

Worker's Name (please print)

Transitional Assistance Office

Address (Street, City/Town/State/ZIP)

by _____

Call 1-800-888-3420 with any questions you may have regarding the completion of this report.

Norman Allen
 Patient's Name (please print)

11/24/47
 Date of Birth

Social Security Number

27 Bourque St. Lawrence
 Complete Address (Street, City/Town/State/ZIP)

725-5221
 Telephone Number

Does the patient speak and read English? yes no If no, contact to interpret.

Name

Telephone Number

Relationship

C. Standards

Check the section(s) of the Department's Medical Standards which you referenced for the completion of this report (106 CMR 320.210). If this medical report is based on Medically Equivalent or Combination of Impairments (O), you must check all the standards to which the impairment or combination of impairments is equivalent and complete D below.

<input type="checkbox"/> Musculoskeletal System	(A)	<input type="checkbox"/> Endocrine System	(I)
<input type="checkbox"/> Special Senses & Speech	(B)	<input type="checkbox"/> Multiple Body System	(J)
<input type="checkbox"/> Respiratory System	(C)	<input type="checkbox"/> Neurological System	(K)
<input type="checkbox"/> Cardiovascular System	(D)	<input type="checkbox"/> Mental Disorder	(L)
<input type="checkbox"/> Digestive System	(E)	<input type="checkbox"/> Immuno-suppressive Disorder	(M)
<input type="checkbox"/> Genitourinary System	(F)	<input type="checkbox"/> Neoplastic Diseases	(N)
<input type="checkbox"/> Hemic & Lymphatic Systems	(G)	<input type="checkbox"/> Medically Equivalent/ Combination of Impairments	(O)
<input type="checkbox"/> Skin	(H)		

If the SSI Listing of Impairments was referenced, please cite impairment(s)

A) fibromyalgia - severe

B) Epilepsy

D. Medically Equivalent/Combination of Impairments

If the patient has an impairment or combination of impairments that is equivalent to one or more of the medical standards listed above (A) through (N), or to an impairment included in the SSI Listing of impairments, explain below.

D. Treatment

List planned follow-up treatment and frequency. If no follow-up treatment is planned, indicate so.

Treatment	Frequency	Duration
P.T.		

E. Medication

List medication(s), strength, frequency and side effects.

Medication	Strength	Frequency	Side Effects
Methotrexate			

Part III — Assessment of Functional Capacity (complete A and B as appropriate)

A. Physical Activities

Indicate if patient can sustain the following activities on a regular basis.

1. Patient:					
can walk: <input type="checkbox"/> no restrictions <input type="checkbox"/> less than 100 ft. <input checked="" type="checkbox"/> about 500 ft. <input type="checkbox"/> 1/4 mile					
can stand daily for: <input type="checkbox"/> 8 hours <input type="checkbox"/> 6 hours <input type="checkbox"/> 4 hours <input checked="" type="checkbox"/> 2 hours <input type="checkbox"/> less than 1 hour (with breaks every two hours)					
can sit daily for: <input type="checkbox"/> 8 hours <input type="checkbox"/> 6 hours <input type="checkbox"/> 4 hours <input checked="" type="checkbox"/> 2 hours <input type="checkbox"/> less than 1 hour (with breaks)					
can stand and sit intermittently for <u>2</u> hours (with breaks)					
can bend/stoop <input type="checkbox"/> constantly <input type="checkbox"/> frequently <input checked="" type="checkbox"/> occasionally <input type="checkbox"/> never (how often per day)					
has a significant restriction of <input type="checkbox"/> arms <input type="checkbox"/> reaching <input checked="" type="checkbox"/> handling <input type="checkbox"/> none <input checked="" type="checkbox"/> legs <input checked="" type="checkbox"/> gross motor <input checked="" type="checkbox"/> fine motor <input type="checkbox"/> manipulation					
can reasonably be expected to			lift frequently <input type="checkbox"/> no limit <input type="checkbox"/> 50 lbs. <input checked="" type="checkbox"/> 20 lbs. <input type="checkbox"/> 10 lbs. <input type="checkbox"/> cannot lift 10 lbs.	lift/carry occasionally <input type="checkbox"/> no limit <input type="checkbox"/> 50 lbs. <input checked="" type="checkbox"/> 20 lbs. <input type="checkbox"/> 10 lbs. <input type="checkbox"/> cannot lift/carry 10 lbs.	
2. Other restrictions, if any, on physical or daily living activities <hr/> <hr/>					

THE COMMONWEALTH OF MASSACHUSETT'S
 MASSACHUSETTS REHABILITATION COMMISSION - DISABILITY DETERMINATION SERVICE
 110 Chauncy Street, Boston, MA 02111

PAYMENT VOUCHER FORM
 PV MRC 3000

VENDOR INFO	CLAIMANT INFO
Name: Lawrence Family Center	
Attn: Medical Record Dept.	
Address: 34 Haverhill Street Lawrence, MA 01841	Name: Norman G Allen
	SSN: 005-46-4086 07
	Date of Request: October 30, 1998

PAYMENT INFORMATION

Vendor Code (Tax ID): 0427088240000 Invoice Number: 981030200833

- If the above Vendor Code (Tax ID) is blank and you HAVE a Massachusetts Tax ID, please enter that number in the space above.
- If you DO NOT HAVE a Massachusetts Tax ID, please call Ms. Sandy Price at (617) 654-7867. She will send you an application form.
- If the above Vendor Code (Tax ID) or your address is incorrect, please complete the following:

 Correct Massachusetts Tax ID

 Correct Address

- If your fee for this service is LESS THAN that provided in the accompanying letter, please enter your fee: \$ 25.00
- To be eligible for payment (Early=\$20/Reg=\$10), you must sign one copy of this Payment Voucher Form and return it with your MER material. The Invoice Number is your Payment Reference Number.

I certify that the service was rendered as set forth in the agency's letter of Request for Medical Evidence of Record.

M Kelly
 Vendor Signature

(50581A)

11-5-98
 Date

FOR AGENCY USE ONLY:

I have received the materials requested from the vendor concerning the disability benefits claimant above. I hereby certify under the penalties of perjury that all laws of the Commonwealth governing disbursements of public funds and the regulations thereon have been complied with and observed.

Kathleen Ngo
 Vocational Disability Examiner

Date

Massachusetts Rehabilitation Commission
DISABILITY DETERMINATION SERVICES DIVISION
110 Chauncy Street - Boston, MA 02111

October 30, 1998

Registered Records Administrator
Medical Record Dept.
Lawrence Family Center
34 Haverhill Street
Lawrence, MA 01841

RE: Norman G Allen
27A Bourque St
Lawrence, MA 01843

PATIENT ID: Unknown
DOB: 11/24/47
SSN: 005-46-4086 07
PATIENT SSN:
(If Different)
MAU: 981030-200833

Dear Registered Records Administrator:

The above patient has applied for Social Security Disability benefits. We are authorized to request medical records for the period 12/31/89 to Present. If you charge for this service, complete and return the enclosed invoice. We are authorized to pay you or your designee \$10.00. In addition, if your report is received within 10 calendar days and impacts significantly upon our adjudication, we may pay you or your designee a total of \$20.00.

PLEASE SEND COPIES OF THE CHECKED ITEMS BELOW IF AVAILABLE:

- Outpatient Records
- History, Physical Examination, and Discharge Summaries
- Consultation Notes including Psychiatric Consultations
- Psych Progress Notes
- Psychological Testing & Evaluations
- Operative Reports
- Pathology Reports
- Spine X-Ray
- Other X-Ray: all spinal
- CT Scan
- M.R.I.
- Ultrasound
- Echocardiography
- RVG
- MUGA
- Chest X-Ray
- EKG (2 or 3 representative tracings, not just an interpretation)
- Exercise Tolerance Test (with tracings)

- Thallium Exercise Test (with tracings)
- Arteriography/Angiography
- Catheterization Studies
- Doppler Test
- Pulmonary Function Tests and Tracings
- Blood Gas Studies
- EEG Interpretations
- Serum Anti-Convulsive Concentration
- Myelogram Reports
- EMG Interpretations
- G.I. Series
- Audiological Exams
- Ophthalmological Exams
- Blood Work (e.g. CBC, SMA 12, Serum Electrolytes, tracings)
- Rheumatoid Factors)
- Other: all

If you have questions, please call me at (617) 654-7473 between 9:00 A.M. and 4:00 P.M. If long distance, use our toll free number 1-800-882-2040.

Sincerely,

Kathleen Ngo

Vocational Disability Examiner

Enc: Authorization, Invoice, Envelope

0409: 205/15



University of Massachusetts
Center For Health Care Financing
Disability Evaluation Services
University of Massachusetts Medical Center
419 Belmont Street, Shaw Building
Worcester, MA 01605

March 20, 1998

Dear Health Care Provider:

The UMass Disability Evaluation Services (DES) program conducts disability determinations on behalf of the Commonwealth of Massachusetts Division of Medical Assistance.

The following request for medical records is in support of this individual's application for public benefits. Pursuant to M.G.L. c. 112 § 12 CC, there shall be no charge for the release of the requested records. Pursuant to statute, the records must be produced within 30 days.

If you have any questions please don't hesitate to contact us at 1-800-888-3420.

Sincerely,

UMass Disability Evaluation Services



University of Massachusetts

Disability Evaluation Services
11 Midstate Drive
Auburn, MA 01501

October 27, 1998

Dr. Michael J. Kelly
34 Haverhill St.
Lawrence MA 01840

Norman Allen
27 Bovique St.
LAWRENCE, MA 01840
DOB: 11/24/47
SSN: 005-46-4086
Case#: 21062

RE: Massachusetts Benefits Programs

The individual listed above is applying for: EAEDC benefits through the Department of Transitional Assistance. You have been listed as a current or recent Medical treating source. The applicant claims the following symptoms/conditions/disability:

seizures,fibromyagia,pain in shoulders.,cannot concentrate.

We are requesting medical information within the last 12 months including MD office notes, lab/test results, history and physical, height/weight, and blood pressure. Attached to this release is a signed/dated Medical Release.

Information can be mailed to: **Disability Evaluation Services**
 11 Midstate Drive
 Auburn, MA 01501

or faxed to: **(508) 721-7292**

or you may call this office at: **(800) 888-3420**
 Ask to speak with Nurse Reviewer ID# 716

Sincerely,

Carmen Roman
at 1(800) 888-3420 ext 17206

pml/mk

PLEASE RETURN THIS LETTER WITH THE REQUESTED INFORMATION

ATTACHMENT B

LAWRENCE GENERAL HOSPITAL IMAGING SERVICES

DAVID FARZAN MD
203 TURNPIKE STREET
N ANDOVER, MA 01845

Patient Name: ALLEN, NORMAN G
Physician: FARZAN, DAVID, MD
Medical Record Number: 23152
11/24/1947 / 54Y M 2996352
Outpatients
Date of Service: 04/04/2002

Document Status: FINAL

02C3271 ALLEN, NORMAN G

EXAMINATION: CT ABDOMEN AND PELVIS WITH CONTRAST
HISTORY: RIGHT SIDE LUMP
DATE: 04/04/02

CT OF THE ABDOMEN:

Helical scan was obtained from the dome of the diaphragm to the iliac crest after ingestion of oral contrast and during bolus infusion of IV contrast.

The liver and spleen are not enlarged. There is diffuse low density nodules throughout the liver strongly suggesting the presence of metastatic disease. The pancreas, adrenal glands and both kidneys are normal. In the right lower quadrant in the region of the cecum there is considerable soft tissue density present. This could represent retained fecal material in the cecum, but a mass in the cecum cannot be excluded. There is no definite ascites noted.

IMPRESSION:

1. EXTENSIVE METASTATIC DISEASE IS SEEN THROUGHOUT THE LIVER.
2. POSSIBLE MASS IN THE CECUM.

CT OF THE PELVIS:

Helical scan was obtained from the iliac crest to the symphysis pubis after ingestion of oral contrast and during bolus infusion of IV contrast. Surgical clips are seen in the rectum.

The soft tissue density in the region of the cecum is again noted. The bowel loops are not dilated. No free fluid is identified. The bladder is normal in outline.

IMPRESSION: POSSIBLE MASS IN THE CECUM. CT SCAN OF THE PELVIS IS OTHERWISE NORMAL.

(Page 1 of 2. Continued on next page)

continued : ALLEN, NORMAN G

John P. Keefe, MD
Radiologist

DD: 04/04/02
DT: 04/05/02
JK/lw
ES/AGP

MICHAEL KELLY MD
34 HAVERHILL STREET
LAWRENCE, MA 01841

Patient Name: ALLEN, NORMAN G
Physician: KELLY, MICHAEL, MD
Medical Record Number: 23152
11/24/1947 /51Y M 2325771
Outpatients

Document Status: FINAL

99R5049

ALLEN, NORMAN G

EXAMINATION: PA & LATERAL CHEST
HISTORY: COUGH
DATE: February 1, 1999

CHEST: PA and lateral views of the chest reveal clear lungs with normal cardiac and mediastinal outlines and pulmonary vascular distribution.

IMPRESSION: NORMAL CHEST. NO CHANGE FROM 1997.

Richard M. Faraci, M.D.
Radiologist

D&T: February 1, 1999

MM

RMF:mh
ES/DMN

MICHAEL KELLY MD
34 HAVERHILL STREET
LAWRENCE, MA 01841

Patient Name: ALLEN, NORMAN G
Physician: KELLY, MICHAEL, MD
Medical Record Number: 23152
11/24/1947/49Y M 2036963
Outpatients

97R29765

ALLEN, NORMAN G

EXAMINATION: LEFT SHOULDER
HISTORY: DISLOCATION
DATE: 7/18/97

REPORT: No dislocation is revealed. The A-C joint shows moderate osteophyte formation on the Neer view. No fractures are revealed.

CONCLUSION: NO FRACTURE.

RK/SP
D&T: July 18, 1997
ES/AGP

RALPH KOENKER, M. D.
Radiologist

[Handwritten signature]

S

MICHAEL KELLY, MD
34 HAVERHILL STREET
LAWRENCE, MA 01841

Patient Name: ALLEN, NORMAN G
Physician: KELLY, MICHAEL, MD
Medical Record Number: 23152
11/24/1947/49Y M 1990633
Outpatients

97R16085

ALLEN, NORMAN G

EXAMINATION: ORBITS
HISTORY: MRI CLEARANCE
DATE: 4-17-97

Examination of the orbits with upper and downward gaze shows no evidence of an opaque foreign body lying in either orbit. Bony structures appear to be intact. There is mucosal thickening involving the frontal sinus.

IMPRESSION:

1. THERE IS NO EVIDENCE OF A FOREIGN BODY IN EITHER ORBIT.
2. THERE IS EVIDENCE OF CHRONIC SINUSITIS INVOLVING THE FRONTAL SINUS.

John P. Keefe, M.D.
Radiologist

JPK/JT
D&T: April 17, 1997
ES/DMN

[Handwritten signature]



LAWRENCE
COMMUNITY
HOSPITAL

100 W. Main Street

MICHAEL KELLY MD
34 HAVERHILL STREET
LAWRENCE, MA 01841

Patient Name: ALLEN, NORMAN G
Physician: KELLY, MICHAEL, MD
Medical Record Number: 23152
11/24/1947/49Y M 1984985
Outpatients

97R14536

ALLEN, NORMAN G

EXAMINATION: ORBITS
HISTORY: MRI CLEARANCE
DATE: 4-7-97

REPORT: Upward and downward looking orbits show no metallic foreign bodies projected over the orbits. No structural bony abnormalities are seen.

CONCLUSION: NO METALLIC FOREIGN BODIES ARE DEMONSTRATED OVER THE ORBITS.

DMN/ma
DT April 7, 1997

David M. Novick, M.D.
Radiologist
ES/DMN



LAWRENCE
GENERAL
HOSPITAL

MICHAEL KELLY MD
34 HAVERHILL STREET
LAWRENCE, MA 01841

Patient Name: ALLEN, NORMAN G
Physician: KELLY, MICHAEL, MD
Medical Record Number: 23152
11/24/1947/49Y M 1982757
Outpatients

97R13811

ALLEN, NORMAN G

EXAMINATION: C. SPINE SERIES WITH OBLIQUES
HISTORY: PAIN, POSSIBLE RHEUMATOID ARTHRITIS
DATE: 4/2/97

REPORT: Lateral, AP, oblique and odontoid views of the cervical spine were obtained and are without comparison study.

There is disc height loss at C5-6 and C6-7 levels with associated anterior osteophyte formation consistent with degenerative disc disease. The bony neural foramina appear patent with only mild uncovertebral joint seen at the C5-6 and C6-7 levels bilaterally. No significant facet joint degenerative change is identified.

IMPRESSION: FINDINGS CONSISTENT WITH DEGENERATIVE DISC DISEASE AT C5-6 AND C6-7 AND MILD BILATERAL UNCOVERTEBRAL JOINT SPUR FORMATION WITHOUT SIGNIFICANT BONY ENCROACHMENT UPON THE NEURAL FORAMEN BILATERALLY.

DAZ/SP
D&T: April 2, 1997
ES/MMB

[Handwritten signature]
Domenic Zambuto, M.D.
Radiologist

248596

LAWRENCE GENERAL HOSPITAL
1 GENERAL ST. P.O. BOX 189
LAWRENCE, MA 01842-0389

AMBULATORY CARE REPORT

PATIENT: ALLEN, NORMAN G. 023152

THOMAS L. FAZIO, M.D.

ADMIT: 10/20/99 DISCH: 10/20/99

PROCEDURE:

Colonoscopy

INDICATIONS:

This is a 51-year-old male who has had family history of colon cancer along with some recent hematochezia. He undergoes colonoscopy to evaluate him for surveillance and for symptoms of hematochezia.

PROCEDURE:

After discussion of risks, benefits, consequences and alternatives to the procedure and the medication and after reviewing the nurses' evaluation, and with the history and physical from the office in the chart, the patient was prepped with Versed 5 mg intravenously and Demerol 50 mg intravenously. The colonoscope was introduced and passed to the cecum which was identified by inspection, palpation, and transillumination. The scope was then withdrawn. The cecum was photographed. Preparation was good to fair. There was no abnormalities except for in the rectum where a 3 cm saddle-like semi-circumferential mass was seen with the lower edge at 6 cm. Biopsies and photographs were taken. The scope was withdrawn, and no other abnormalities were encountered. The patient tolerated the procedure well. Digital examination of the rectum again confirmed this lesion at about 6 cm, as it could be felt with the tip of the finger.

IMPRESSION:

1. Total colonoscopy with rectum mass at 6 cm - biopsied.

ALLEN, NORMAN G.

023152

THOMAS L. FAZIO, M.D.

AMBULATORY CARE REPORT - Page 2

PLAN:

The plan will be to check on the biopsies. We will need CT scan and surgical consultation.

THOMAS L. FAZIO, M.D.

108037

DD: 10/20/99

DT: 10/20/99 22:35

07027



1 General Street
PO Box 189
Lawrence, MA 01842-

(978) 946-8115
(978) 946-8169 Fax

ONCOLOGY CONSULTATION

NAME: ALLEN, NORMAN G

DOB: 11/24/1947

MR#: 023152

REFERR: SANZ-ALTAMIRA, PE

SEX: M

ACCT#: 2576354

ADMIT: 05/11/2000

MSV: ONC

PT: B

ROOM: /-

DISCH:

FOLLOW UP NOTE

HISTORY OF PRESENT ILLNESS: The patient is a fifty-two-year-old man with locally advanced rectal cancer, Stage III (T3 N1, M0), who is undergoing postoperative chemotherapy and radiation. He comes because of very significant symptoms of diarrhea, abdominal cramps, discomfort, and he also has problems of urinary retention and the suprapubic catheter which has not been removed yet because he could not stay without it so far. He tolerated initially, the first two cycles of 5FU chemotherapy well, but has been having a very hard time with the combination of chemotherapy and radiation. He has had approximately 2 ½ weeks of the combined molality treatments and when seen yesterday by Dr. Peterson from radiation oncology, she thought he was having too much toxicity and is going to give him a couple of days off. He feels very week and tired with some occasional dizziness and feels overall doing poorly. He continues to smoke heavily.

PAST MEDICAL HISTORY:

1. Stage III rectal cancer, as above.
2. Significant toxicity from 5FU and radiation with lower GI toxicity.
3. Seizure disorder with an episode in 1999.
4. History of rheumatic pains and fibromyalgia.
5. Alcoholism in the past.
6. History of a benign lung tumor removed 10 years ago.
7. Significant anxiety.

REVIEW OF SYSTEMS: Negative for headaches or mental changes. He has a suprapubic catheter, urinary retention, weakness, diarrhea, but no nausea or vomiting.

PHYSICAL EXAMINATION: Alert and oriented, thin, pleasant gentleman in no distress. His weight is 137 ½ pounds which is 2 ½ less than last time. Blood pressure is normal at 115/70, respiratory rate 16, pulse 92, mental status normal. Speech normal. Extraocular movement in tact. No jaundice. Mouth clear. No sores. Neck supple. No thyromegaly. No adenopathy and cervical, supraclavicular, or axillary areas.

3/00 11:20:09

LGH HIS Department->

978 687 4468

Health Info Sys. Page 004

Lawrence General Hospital

ALLEN, NORMAN G

MR#: 023152

CONSULTATION

Lungs are grossly clear bilaterally with decreased breath sounds on both sides which is unchanged and is his baseline. The heart is regular without murmurs. The abdomen is soft and he has some abdominal cramps and diffuse tenderness. He has a well-healed surgical scar. There is a suprapubic catheter in place and the site of the catheter is okay. No organomegaly. Hyperactive bowel sounds. Extremities have no edema.

LABORATORY STUDIES: Are pending now.

ASSESSMENT AND PLAN:

1. Rectal cancer, I plan to hold the chemotherapy now because of the severe toxicity. We will check the electrolytes, give him intravenous fluids while we wait and hold the chemotherapy until he is back next week. We will see whether he improves with that alone. He will have two days off radiation therapy and then there are the weekends so he will have four days in a row without treatments which will also hopefully let him recover to some extent.
2. He has urinary retention and a suprapubic catheter in place and he will see Dr. Liam Hurley tomorrow again for follow up.
3. He will continue his sleeping pills and he will continue to smoke even though I told him again to try to quit. He says maybe one day in the future.

I will see him for follow up in a week and he knows to call if there are any problems.

Pedro M. Sanz-Altamira, M.D.

15537 / CN / cmn
 DD: 05/11/2000 10:20
 TT: 05/13/2000 11:00

CC: David R. Farzan, M.D.
 Thomas L. Fazio, M.D.
 Liam J. Hurley, M.D.
 Jonathan D. Mandell, M.D.
 Astrid O. Peterson, M.D.

12/17/99 14:18:01

16H HIS / Payment→

978 521 3233 LI Health Info Sys. Page 883



**Lawrence
General
Hospital**

248596

1 General Street
PO Box 189
Lawrence, MA 01842-0389
(978) 946-8115
(978) 683-5024 Fax

ONCOLOGY CONSULTATION

NAME: ALLEN, NORMAN G

DOB: 11/24/1947 **MR#:** 023152

SEX: M **ACCT#:** 2485440

REFERR: MANDELL, JONATHAN

MSV: SUR **PT:** I

ADMIT: / /

ROOM: H4 / 404-2

DISCH: 12/11/1999

DATE OF CONSULTATION: 12/09/99

REASON FOR CONSULTATION: The consultation was requested because of rectal cancer.

HISTORY OF PRESENT ILLNESS: Mr. Allen is a fifty-two year old gentleman who has been noticing rectal bleeding for the last five or six months. He has had some discomfort in the pelvic area, but this has been going on for a number of years and does not appear to have changed at all in the last few months. He has also noticed some weight loss, even though he is somewhat unsure of about how much in how long. It sounds like it has been grossly 15 or 20 pounds over the last six months.

He has had both dark blood as well as red blood with bowel movements and this has been intermittent. He was actually seen by Dr. Farzan who performed a rectal examination, which was presumably negative, but because of the history, he sent him for evaluation by Dr. Fazio. Dr. Fazio performed a colonoscopy on October 20th.

Six to eight centimeters from the anal verge a lesion was found. Biopsies were taken which were positive for mucinous adenocarcinoma, which was moderately differentiated. The rest of the colonoscopy was unremarkable.

Of note, a CT scan of the abdomen and pelvis was obtained which was negative for metastatic disease in the liver. There was a question of the area of the seminal vesicles which was brought out by endorectal ultrasound at Lahey Clinic.

He came to the hospital for further treatment. On December 1st he underwent low anterior resection. He has been slowly and progressively recovering from the surgery. The surgical specimen is significant for infiltrating adenocarcinoma, with greater than 50% mucinous component. It is moderately differentiating and infiltrates through the muscularis propria into the perirectal adipose tissue and is also less than 1 mm away from the interserosal margin. Lymphatic invasion was present. There was a large, thrombosed, subserosal vein within the wall, which also contained tumor. There was extensive perineural invasion. Proximal and distal margins were free of tumor.

LN

Lawrence General Hospital

ALLEN, NORMAN G

MR#: 023152

CONSULTATION

One of six lymph nodes that were identified was positive for metastatic adenocarcinoma. The carcinoma was extending beyond the lymph node capsule in this particular case. This is, therefore, stage T3 N1 M0 adenocarcinoma of the rectum, overall stage III.

PAST MEDICAL HISTORY:

1. Rectal cancer, as above.
2. Seizure disorder, last episode one year ago.
3. History of fibromyalgia, rheumatic pains.
4. History of a benign lung tumor, removed by thoracotomy ten years ago from the left side.

SOCIAL HISTORY:

He has been a very heavy smoker up until he was admitted this time. He does not drink any alcohol, but he was an alcoholic in the past. He has also smoked marijuana occasionally which calms him down, mainly now that he does not drink anymore.

He has two children and overall a supportive family.

FAMILY HISTORY:

Positive for colon cancer in the patient's father. His two children are healthy.

REVIEW OF SYSTEMS:

Weight loss. Some weakness. No other constitutional symptoms. No visual changes. No mouth changes. Poor dentition. No alopecia. No shortness of breath. No chest pains or palpitations. GI, as above. No nausea or vomiting. He is going through an episode of urinary retention now. No previous GU complaints. No skin changes. No underlying endocrine issues. No underlying hematological issues. Negative review of systems otherwise.

PHYSICAL EXAMINATION: The patient is alert and oriented, thin, pleasant gentleman in no acute distress. Mental status normal. Speech normal.

VITAL SIGNS: His weight is 147 lbs and his usual weight is presumably 162 lbs. Height 5'11". Vital signs are currently normal with a blood pressure of 135/75, temperature 98.0, pulse 84, respiratory rate 16.

HEENT: Mouth clear. Poor dentition.

NECK: Supple. No peripheral adenopathy.

LUNGS: Grossly clear bilaterally, in spite of his smoking history. Good air movement on both sides.

12/17/99 14:12:13 LGH HIS Treatment> 978 521 3233 U Health Info Sys. Page 005

Lawrence General Hospital

ALLEN, NORMAN G

MR#: 023152

CONSULTATION

PHYSICAL EXAMINATION:

HEART: Regular. No murmurs.

ABDOMEN: Soft, non-tender. Positive bowel sounds. The surgical site looks very good. No discharge or evidence of infection.

EXTREMITIES: Have no edema. No calf tenderness. No cyanosis.

NEUROLOGIC: Grossly intact.

LABORATORY DATA:

WBC 10.6, hematocrit 34.1%, MCV 89.5, platelet count 262, MPC 10.9. The differential is unremarkable. Sodium 134, potassium 4.6, BUN 7, creatinine 0.8. Dilantin level was 10.0, which is in the lower limit of therapeutic.

Urinalysis was negative taken last week.

Liver function tests were unremarkable.

IMPRESSION:

This is a fifty-two year old gentleman with locally advanced rectal cancer, stage III (T3 N1 M0). We had a very extensive discussion about the meaning of this diagnosis and its prognosis. He knows that he has a fairly high risk of relapse, somewhere in the 55 to 60% risk. Adjuvant chemotherapy is able to improve the outcome by decreasing the chances of recurrence by about 1/3. This is what I would strongly recommend at this point. He has already had a CT scan of the abdomen and pelvis and pre-operative CEA, which was 3.5.

I would suggest to obtain a chest x-ray for completeness, if it has not been done. The overall plan would be to give him adjuvant chemotherapy and radiation therapy. The chemotherapy would be 5FU based, and we had a discussion about the potential toxicities and what to watch for. We would not be starting until he heals completely from his surgery. The chemotherapy is usually started about four to five weeks after the surgery. I am going to have him see me as an outpatient later in the month, and we will go from there.

I also discussed with him the importance of having first degree family members checked for this disease, since both he and his father had the same diagnosis. He understands and will pass this information to his children.

Lawrence General Hospital

ALLEN, NORMAN G

MR#: 023152

CONSULTATION

Thank you very much for this consultation. It was a pleasure to meet Mr. Norman Allen.

Pedro M. Sanz-Altamira, M.D.

22888 / CN / br
DD: 12/09/1999 15:14
TT: 12/17/1999 13:14

CC: David R. Farzan, M.D.
Thomas L. Fazio, M.D.
Jonathan D. Mandell, M.D.
Astrid O. Peterson, M.D.
Santos K. Shetty, M.D.

12/17/99 14:18:81

LSB HIS Department→

978 521 3233 LF Health Info Sys. Page 883



**Lawrence
General
Hospital**

248596

1 General Street
PO Box 189
Lawrence, MA 01842-0389
(978) 946-8115
(978) 683-5024 Fax

ONCOLOGY CONSULTATION

NAME: ALLEN, NORMAN G

DOB: 11/24/1947 **MR#:** 023152

SEX: M **ACCT#:** 2485440

REFERR: MANDELL, JONATHAN

MSV: SUR **PT:** I

ADMIT: //

ROOM: H4 / 404-2

DISCH: 12/11/1999

DATE OF CONSULTATION: 12/09/99

REASON FOR CONSULTATION: The consultation was requested because of rectal cancer.

HISTORY OF PRESENT ILLNESS: Mr. Allen is a fifty-two year old gentleman who has been noticing rectal bleeding for the last five or six months. He has had some discomfort in the pelvic area, but this has been going on for a number of years and does not appear to have changed at all in the last few months. He has also noticed some weight loss, even though he is somewhat unsure of about how much in how long. It sounds like it has been grossly 15 or 20 pounds over the last six months.

He has had both dark blood as well as red blood with bowel movements and this has been intermittent. He was actually seen by Dr. Farzan who performed a rectal examination, which was presumably negative, but because of the history, he sent him for evaluation by Dr. Fazio. Dr. Fazio performed a colonoscopy on October 20th.

Six to eight centimeters from the anal verge a lesion was found. Biopsies were taken which were positive for mucinous adenocarcinoma, which was moderately differentiated. The rest of the colonoscopy was unremarkable.

Of note, a CT scan of the abdomen and pelvis was obtained which was negative for metastatic disease in the liver. There was a question of the area of the seminal vesicles which was brought out by endorectal ultrasound at Lahey Clinic.

He came to the hospital for further treatment. On December 1st he underwent low anterior resection. He has been slowly and progressively recovering from the surgery. The surgical specimen is significant for infiltrating adenocarcinoma, with greater than 50% mucinous component. It is moderately differentiating and infiltrates through the muscularis propria into the perirectal adipose tissue and is also less than 1 mm away from the interserosal margin. Lymphatic invasion was present. There was a large, thrombosed, subserosal vein within the wall, which also contained tumor. There was extensive perineural invasion. Proximal and distal margins were free of tumor.

Lawrence General Hospital

ALLEN, NORMAN G

MR#: 023152

CONSULTATION

One of six lymph nodes that were identified was positive for metastatic adenocarcinoma. The carcinoma was extending beyond the lymph node capsule in this particular case. This is, therefore, stage T3 N1 M0 adenocarcinoma of the rectum, overall stage III.

PAST MEDICAL HISTORY:

1. Rectal cancer, as above.
2. Seizure disorder, last episode one year ago.
3. History of fibromyalgia, rheumatic pains.
4. History of a benign lung tumor, removed by thoracotomy ten years ago from the left side.

SOCIAL HISTORY:

He has been a very heavy smoker up until he was admitted this time. He does not drink any alcohol, but he was an alcoholic in the past. He has also smoked marijuana occasionally which calms him down, mainly now that he does not drink anymore.

He has two children and overall a supportive family.

FAMILY HISTORY:

Positive for colon cancer in the patient's father. His two children are healthy.

REVIEW OF SYSTEMS:

Weight loss. Some weakness. No other constitutional symptoms. No visual changes. No mouth changes. Poor dentition. No alopecia. No shortness of breath. No chest pains or palpitations. GI, as above. No nausea or vomiting. He is going through an episode of urinary retention now. No previous GU complaints. No skin changes. No underlying endocrine issues. No underlying hematological issues. Negative review of systems otherwise.

W

PHYSICAL EXAMINATION: The patient is alert and oriented, thin, pleasant gentleman in no acute distress. Mental status normal. Speech normal.

VITAL SIGNS: His weight is 147 lbs and his usual weight is presumably 162 lbs. Height 5'11". Vital signs are currently normal with a blood pressure of 135/75, temperature 98.0, pulse 84, respiratory rate 16.

HEENT: Mouth clear. Poor dentition.

NECK: Supple. No peripheral adenopathy.

LUNGS: Grossly clear bilaterally, in spite of his smoking history. Good air movement on both sides.

03/25/00 10:03:06

LGH HIS urment->

9785213218 LGH I th Info Sys. Page 803

248596



**Lawrence
General
Hospital**

1 General Street
PO Box 189
Lawrence, MA 01842-0389
(978) 946-8115
(978) 946-8169 Fax

ONCOLOGY REPORT

NAME: ALLEN, NORMAN G

DOB: 11/24/1947

MR#: 023152

SEX: M

ACCT#: 2549305

REFERR: SANZ-ALTAMIRA, PE

MSV: MED

PT: B

ADMIT: 03/23/2000

ROOM: 1 -

DISCH:

HISTORY OF PRESENT ILLNESS: Mr. Allen is a 52-year-old gentleman with locally advanced rectal cancer, Stage III (T3 N1 M0). He is undergoing postoperative chemotherapy and radiation therapy. He had one out of six lymph nodes involved with tumor. He received the first cycle of 5FU chemotherapy which is five days in a row, end of February and beginning of March, and now comes for follow-up. He tolerated it well with the exception of minimal abdominal discomfort and loose stools but he never became dehydrated. Those symptoms went away and he has had fatigue and weakness and difficulty sleeping but no pains or discomfort whatsoever and no gastrointestinal toxicity. He does not have diarrhea. He is rather, a little bit on the constipated side. We gave him Valium to sleep which had worked in the past but it didn't work this time. He occasionally needs to nap during the day and feels tired most of the time.

REVIEW OF SYSTEMS: Headaches. He has a suprapubic catheter and urinary retention. No shortness of breath. No nausea or vomiting now.

PAST MEDICAL HISTORY:

1. Stage III rectal cancer, as above.
2. Seizure disorder with the last episode a year ago.
3. History of rheumatic pains and fibromyalgia.
4. History of a benign lung tumor removed 10 years ago.
5. Alcoholism in the past.

03/25/08 10:03:31

LGH BIS Treatment ->

9705213218 LGH 1st Info Sys. Page 884

Lawrence General Hospital

ALLEN, NORMAN G

MR#: 023152

ONCOLOGY REPORT**PHYSICAL EXAMINATION:****GENERAL:** Alert and oriented, thin, pleasant gentleman in no distress.**WEIGHT:** 140 pounds which is 2 more than last time.**VITAL SIGNS:** Blood pressure 115/76. Respiratory rate 18. Pulse 85. Afebrile.**MENTAL STATUS:** Normal.**SPEECH:** Normal.**HEENT:** Extra-ocular movements intact. No jaundice. Mouth: Clear. No sores.**NECK:** Supple. No thyromegaly. No adenopathy and cervical, supraclavicular or axillary areas.**LUNGS:** Grossly clear bilaterally. Decreased breath sounds on both sides which is unchanged.**HEART:** Regular without murmurs.**ABDOMEN:** Soft and nontender. He has a well-healed surgical scar. He has a suprapubic catheter in place and the side of the catheter is O.K. No tenderness. No organomegaly. Positive bowel sounds.**EXTREMITIES:** No edema.**LABORATORY STUDIES:** Sodium 140, potassium 4.1, BUN 18, creatine 0.7. WBC 6.9 with a normal differential, hematocrit 48.2%, MCV 91, platelet count 192,000.**IMPRESSION:** Rectal cancer.**PLAN:**

1. Will be back for the second cycle of chemotherapy Monday-Friday next week between the 27th and the 31st of March. I plan to see him for follow-up a week or two later. He knows to call if there are any problems. He knows that these two are the first two cycles of chemotherapy and will eventually be followed by a block of combined modality chemotherapy and radiation where the chemotherapy will be given as a continuous infusion.
2. He will continue to follow with Dr. Liam Hurley for the suprapubic catheter.
3. For the difficulty sleeping, he will try Klonopin since he says now it seems to actually have worked a little bit better than Valium. The opposite was apparent the last time he was here. He will back off his intake of coffee and will try not to nap too much during the day.

83/25/00 18:03:58 LGH HIS Patient-> 9785213218 LGH Path Info Sys. Page 885

Lawrence General Hospital

ALLEN, NORMAN G

MR# 023152

ONCOLOGY REPORT

In any case, he knows to call if there are any problems before the next visit.

Pedro M. Sanz-Altamira, M.D.

28314 / ON / kmm

DD: 03/23/2000 11:58

TT: 03/25/2000 09:44

CC: Stephen O. Chastain, M.D.
Thomas L. Fazio, M.D.
Liam J. Hurley, M.D.
Jonathan D. Mandell, M.D.

03/18/2013 13:36:41

LGH HIS Department ->

9785213218 LGH Health Info Sys. Page 883



**Lawrence
General
Hospital**

**1 General Street
PO Box 189
Lawrence, MA 01842-0389
(978) 946-8115
(978) 946-8169 Fax**

ONCOLOGY REPORT

NAME: ALLEN, NORMAN G
REFERR: SANZ-ALTAMIRA, P
ADMIT: 03/08/2000

DOB: 11/24/1947 **MR#:** 023152
SEX: M **ACCT#:** 2541350
MSV: MED **PT:** O
ROOM: / -
DISCH: / /

CLINICAL HISTORY:

Mr. Allen is a fifty-two year old gentleman with locally advanced rectal cancer, stage 3 (T3-N1-M0). He is undergoing adjuvant chemotherapy and radiation therapy. He had one of the six lymph nodes involved with tumor and the tumor was actually extending beyond the lymph node capsule, in this particular case. He received the first week of 5FU chemotherapy last week and developed some loose stools that lasted for a couple of days and bothered him minimally with abdominal discomfort, but he did not develop watery stools and has not become dehydrated. He also complains of difficulty sleeping, which seems to be a little worse now. He has been taking Klonopin without any benefit. He also has background chronic headaches, for which he takes Tylenol with codeine which seems to help.

REVIEW OF SYSTEMS:

Headaches. Urinary retention. He has a suprapubic catheter. No shortness of breath. No more abdominal cramps or diarrhea. No nausea or vomiting.

PAST MEDICAL HISTORY:

1. Rectal cancer, as above.
2. Seizure disorder; last episode one year ago.
3. History of fibromyalgia and rheumatic pains.
4. History of a benign lung tumor, removed by thoracotomy ten years ago from the left side.
5. Alcoholism in the past.

PHYSICAL EXAMINATION:

Alert and oriented, thin, pleasant gentleman in no distress. Mental status normal. Speech normal.

VITAL SIGNS: blood pressure 110/75, weight 139 lbs., which is stable; respiratory rate 18, pulse 82. He is afebrile.

HEENT: Mouth clear.

NECK: Supple. No thyromegaly. No cervical, supraclavicular, or axillary adenopathy.

03/10/00 13:37:10

LGH HIS Department->

9785213218 LGH Health Info Sys. Page 804

Lawrence General Hospital

ALLEN, NORMAN G

MR#: 023152

ONCOLOGY REPORT**PHYSICAL EXAMINATION: (CONTINUED)**

LUNGS: Grossly clear bilaterally. Somewhat decreased breath sounds on both sides.

HEART: Regular. No murmurs.

ABDOMEN: Soft. Non-tender. He has a suprapubic catheter in place and the entry site is okay. No tenderness. No organomegaly. Positive bowel sounds.

EXTREMITIES: No edema.

LABORATORY DATA:

Sodium 137, potassium 4.3, BUN 12, creatinine 0.7, white blood cell count 7.4, hematocrit 44.6%, MCV 88.8, platelet count 210,000. The differential is normal.

IMPRESSION:

1. Rectal cancer. I will have him back for follow up in two weeks and repeat the numbers. If he is clinically stable, we will give him the second cycle of 5FU chemotherapy just a few days later. He will receive five days in a row of 5FU at the same dose as last week. After that, he will wait three weeks and will be followed by a combined modality part of the treatment with chemotherapy and radiation.

2. For the difficulty sleeping, he has tried Valium in the past, which helped. He will stop Klonopin and try one Valium tablet at night. We will see what happens. He drinks a lot of coffee and promised to back off and to take only decaffeinated coffee.

In any case, he will be back in two weeks and knows to call if there are any problems.

Pedro M. Sanz-Altamira, M.D.

23159 / ON / br
 DD: 03/09/2000 10:46
 TT: 03/10/2000 11:38

CC: Stephen O. Chastain, M.D.
 Thomas L. Fazio, M.D.
 Liam J. Hurley, M.D.
 Jonathan D. Mandell, M.D.

248546

02/24/00 08:29:35

LSH HIS Department->

9785213218 LSH Health Info Sys. Page 883



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ONCOLOGY CONSULTATION

NAME: ALLEN, NORMAN G	DOB: 11/24/1947	MR#: 023152
REFERR: SANZ-ALTAMIRA, PE	SEX: M	ACCT#: 2505770
ADMIT: 01/27/2000	MSV: MED	PT: B
	ROOM: 1-	
	DISCH: 11	

DATE OF CONSULTATION: 01/27/2000

CLINICAL HISTORY:

Mr. Allen is a fifty-two year old gentleman with urinary obstruction, who needs a TURP soon, as well as a node positive rectal cancer (T3N1, stage 3). He was operated approximately one month ago. The plan is now to have him go through the TURP and then start adjuvant chemotherapy and radiation.

We had a long discussion about the potential plans and we are going to try to schedule the TURP relatively soon, so that we do not delay the initiation of therapy much longer. We will hopefully be able to start within the next two or three weeks, at most.

We went over the plan of treatment, which includes 5FU chemotherapy, giving two cycles at the beginning and then two cycles at the end, with one block of approximately five weeks of continuous infusion of 5FU and daily radiation therapy. We went over the side effects and the patient is actually willing to go through treatments.

We plan to see him for follow up a week after the TURP and plan to start chemotherapy then. We went over all of these issues with the patient for about thirty minutes.

Pedro M. Sanz-Altamira, M.D.

08565 / CN / br
DD: 01/27/2000 12:40
TT: 01/31/2000 11:32

K

CC: David R. Farzan, M.D.
Thomas L. Fazio, M.D.
Liam J. Hurley, M.D.
Jonathan D. Mandell, M.D.
Astrid O. Peterson, M.D.

248596

02/25/00 09:41:38

LGH HIS Department->

9785213210 LGH Health Info Sys. Page 883



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ONCOLOGY CONSULTATION

NAME: ALLEN, NORMAN G	DOB: 11/24/1947	MR#: 023152
REFERR: SANZ-ALTAMIRA, PE	SEX: M	ACCT#: 2519722
ADMIT: 02/24/2000	MSV: MED	PT: B
	ROOM: /-	
	DISCH: / /	

DATE OF CONSULTATION: 02/24/2000.

HISTORY OF PRESENT ILLNESS: Mr. Allen comes for follow-up of his node positive rectal cancer, with one out of six possible nodes. He has Stage III disease (T3 N1 M0). He has recently gone through a transurethral resection of prostate and has a suprapubic catheter. We plan to go ahead with Adjuvant chemotherapy now. We will use the regimen published in the New England Journal of medicine in 1994 where 5FU is given for two cycles initially followed by a continuous infusion of 5FU and concomitant radiation therapy, followed by two additional cycles of 5FU. We will start today.

We had an extensive discussion of about 20 minutes regarding the side effects again and he knows to call when problems develop. I plan to see him for follow-up in two weeks but he will be coming daily for the next few days for the first round of 5 FU chemotherapy.

Pedro M. Sanz-Altamira, M.D.

18213 / CN / kmm
DD: 02/24/2000 11:17
TT: 02/25/2000 09:19

CC: David R. Farzan, M.D.
Thomas L. Fazio, M.D.
Liam J. Hurley, M.D.
Jonathan D. Mandell, M.D.
Astrid O. Peterson, M.D.



Merrimack Valley
Health Services, Inc.

Members:

Anna Jacques Hospital • Hale Hospital • Lawrence General Hospital
Lowell General Hospital • Saints Memorial Medical Center

MICHAEL KELLY MD
34 HAVERHILL STREET
LAWRENCE, MA 01841

Patient Name: ALLEN, NORMAN G
Physician: KELLY, MICHAEL, MD
Medical Record Number: 23152
11/24/1947/49Y M 1990633
Outpatients

97I618

ALLEN, NORMAN G
25-02-93
MRI OF BRAIN 4-18-97 70551
LAWRENCE GENERAL HOSPITAL 23152
HISTORY: SEIZURE DISORDER/Standard
seizure protocol

Comparison is made with C.T. scan of the head from 3-12-95 which was unremarkable.

On the current study, patchy areas of mucosal thickening are seen in multiple ethmoid air cells bilaterally and in both frontal sinuses. There is mild cortical atrophy over the convexities bilaterally demonstrated on the coronal images. There is no evidence of mesial temporal sclerosis demonstrated. There is no intracranial hemorrhage, other collection, mass, midline shift, arterial venous malformation, aneurysm, ventriculomegaly, nor white matter disease demonstrated. The orbits, pituitary gland, and posterior fossa otherwise appear unremarkable.

CONCLUSION: MILD BILATERAL CONVEXITY CORTICAL ATROPHY; OTHERWISE THE EXAM IS UNREMARKABLE WITH NO MASS OR MESIAL TEMPORAL SCLEROSIS DEMONSTRATED.

Mark G. Goldshein, M.D.
Radiologist

D:4-18/T:4-19-97

MG:mh

* SECOND READ BY/David M. Novick, M.D.
ES/DMN

PREVIOUS EEG: (Check and give date(s))			STAMP PATIENT'S I.D. HERE:
<input type="checkbox"/> NORMAL	<input type="checkbox"/> ABNORMAL	<input type="checkbox"/> NONE	
MEDICATION: (Duration and date last given)			
Albuterol 5mg qd. Valium 5mg prn-8 th			ALLEN, NORMAN G 11-24-47 49Y 01-23-97 CATH/NO EMERGENCY MD RR KELLY 23152 ED JID 1947655 MICHAEL

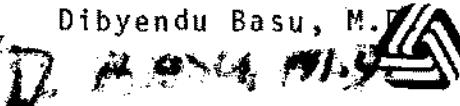
FILE#: 76-226-00

Name: Allen, Norman Age: 49 Sex: F Date: 1-23-97

Test # 2 Div. and/or Dr.: ED Kelly Hosp.# 23152

Impression: Testing is abnormal consistent with epileptogenic activity originating possibly subcortical and as technician noted EEG does show evidence of minor motor seizure clinically recorded by technician as well as EEG evidence of seizure disorder, post ictal slowing lasting 1½ min. in the theta range slowing seen. Significance of all this will be correlated with other clinical finding.

Details: Routine awake patient's testing showed excellent well organized 9-10 hz low-moderate voltage alpha. All throughout the testing as described above there is technician noted minor motor clinically as well as evidence of generalized theta slowing post ictally following patient's blinking of eyes and facial twitch which started after 3 mins. of hyperventilation. This lasted 1½ mins as recorded before. But during hyperventilation the patient did not show any seizure activity, and there is no photo myoclonic response or photo convulsive response. There is driving with strobe seen. During this testing EKG monitoring showed heart rate regular 72-78/mn.

ELECTROENCEPHALOGRAPHIC LABORATORY
EEG-4Dibyendu Basu, M.D. Lawrence
General Hospital

Was patient mentally clear? Worried? Uncomfortable? In pain?
 Did patient do anything unusual during the test? Yes No If yes, describe.
 Did patient become drowsy? Yes No If yes, could this be controlled?

In the opinion of the technician, the test was:

- A. Normal
- B. Borderline
- C. Abnormal
 - 1. Diffuse
 - 2. Paroxysmal activity
 - 3. With differences between the two sides
 - 4. With positive localizing data

COMMENTS:

SIGNED: _____
TECHNICIAN

01/31/00 12:20:11

LGH HIS Department->

9705213210 LGH Health Info Sys. Page 003



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ONCOLOGY CONSULTATION

NAME: ALLEN, NORMAN G	DOB: 11/24/1947	MR#: 023152
REFERR: SANZ-ALTAMIRA, PE	SEX: M	ACCT#: 2505770
ADMIT: 01/27/2000	MSV: MED	PT: B
	ROOM: /-	
	DISCH: / /	

DATE OF CONSULTATION: 01/27/2000

CLINICAL HISTORY:

Mr. Allen is a fifty-two year old gentleman with urinary obstruction, who needs a TURP soon, as well as a node positive rectal cancer (T3N1, stage 3). He was operated approximately one month ago. The plan is now to have him go through the TURP and then start adjuvant chemotherapy and radiation.

We had a long discussion about the potential plans and we are going to try to schedule the TURP relatively soon, so that we do not delay the initiation of therapy much longer. We will hopefully be able to start within the next two or three weeks, at most.

We went over the plan of treatment, which includes 5FU chemotherapy, giving two cycles at the beginning and then two cycles at the end, with one block of approximately five weeks of continuous infusion of 5FU and daily radiation therapy. We went over the side effects and the patient is actually willing to go through treatments.

We plan to see him for follow up a week after the TURP and plan to start chemotherapy then. We went over all of these issues with the patient for about thirty minutes.

Pedro M. Sanz-Altamira, M.D.

08565 / CN / br
DD: 01/27/2000 12:40
TT: 01/31/2000 11:32

CC: David R. Farzan, M.D.
Thomas L. Fazio, M.D.
Liam J. Hurley, M.D.
Jonathan D. Mandell, M.D.
Astrid O. Peterson, M.D.

82/24/00 08:31:18

LGH HIS Department->

9785213210 LGH Health Info Sys. Page 883



**Lawrence
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(978) 946-8115
(978) 683-5024 Fax

ONCOLOGY CONSULTATION

NAME: ALLEN, NORMAN G

DOB: 11/24/1947 **MR#:** 023152

SEX: M **ACCT#:** 2505770

REFERR: SANZ-ALTAMIRA, PE

MSV: MED

PT: B

ADMIT: 01/27/2000

ROOM: / -

DISCH: / /

DATE OF CONSULTATION: 01/27/2000

[Handwritten mark]

CLINICAL HISTORY:

Mr. Allen is a fifty-two year old gentleman with urinary obstruction, who needs a TURP soon, as well as a node positive rectal cancer (T3N1, stage 3). He was operated approximately one month ago. The plan is now to have him go through the TURP and then start adjuvant chemotherapy and radiation.

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Pedro M. Sanz-Altamira, M.D.

08565 / CN / br

DD: 01/27/2000 12:40

TT: 01/31/2000 11:32

CC: David R. Farzan, M.D.
Thomas L. Fazio, M.D.
Liam J. Hurley, M.D.
Jonathan D. Mandell, M.D.
Astrid O. Peterson, M.D.

02/25/00 09:48:02

LSM HIS Department ->

9785213218 LGB Health Info Sys., Page 893

52

 Lawrence
General
Hospital

**1 General Street
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Lawrence, MA 01842-0389
(978) 946-8115
(978) 946-8169 Fax**

ONCOLOGY CONSULTATION

NAME: ALLEN, NORMAN G	DOB: 11/24/1947	MR#: 023152
REFERR: SANZ-ALTAMIRA, PE	SEX: M	ACCT#: 2519722
	MSV: MED	PT: B
	ROOM: / -	
ADMIT: 02/24/2000	DISCH: / /	

DATE OF CONSULTATION: 02/24/2000.

HISTORY OF PRESENT ILLNESS: Mr. Allen comes for follow-up of his node positive rectal cancer, with one out of six possible nodes. He has Stage III disease (T3 N1 M0). He has recently gone through a transurethral resection of prostate and has a suprapubic catheter. We plan to go ahead with Adjuvant chemotherapy now. We will use the regimen published in the New England Journal of medicine in 1994 where 5FU is given for two cycles initially followed by a continuous infusion of 5FU and concomitant radiation therapy, followed by two additional cycles of 5FU. We will start today.

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Pedro M. Sanz-Altamira, M.D.

18213 / CN / kmm
DD: 02/24/2000 11:17
TT: 02/25/2000 09:19

CC: David R. Farzan, M.D.
Thomas L. Fazio, M.D.
Liam J. Hurley, M.D.
Jonathan D. Mandell, M.D.
Astrid O. Peterson, M.D.



248596

1 General St.
PO Box 189
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(978) 683-4000 X2741

Anatomic Pathology Report

NAME: ALLEN, NORMAN	SEX: M	S99-8199
DOB: 24 NOV 1947	AGE: 51	HOSP#: 23152
CLINICIAN: THOMAS L. FAZIO, M.D.		BILLING#:
ACC. DATE: 20 OCT 1999, 3:00PM	COLL. DATE: 20 OCT 1999	

GROSS DESCRIPTION:

2464930--L1

CLINICAL HISTORY--RECTAL BLEEDING

SOURCE OF SPECIMEN--RECTAL MASS

Labeled Rectal Mass: The specimen consists of three biopsies of tan, soft tissue, the smallest measuring 0.1 cm. in diameter and the largest measuring 0.2 cm. in diameter. The entire specimen will be submitted in a single cassette.

WK:jmd

DIAGNOSIS:

FRAGMENTS OF COLONIC MUCOSA WITH MUCINOUS ADENOCARCINOMA, MODERATELY DIFFERENTIATED, GRADE 2.

(SIGNATURE ON FILE)
CHERYL A. ENNIS, M.D.
jmd
22OCT1999 7:34AM

PROCEDURES: 88305, B

[Handwritten signature]

P32089
JL Fozio

LAWRENCE GENERAL HOSPITAL
1 GENERAL ST. P.O. BOX 189
LAWRENCE, MA 01842-0389

OPERATIVE REPORT

PATIENT: ALLEN, NORMAN 023152 JONATHAN D. MANDELL, M.D.

ADMIT: DISCH:

SURGEON: JONATHAN D. MANDELL, M.D.

OPERATION DATE: 12/01/1999

PREOPERATIVE DIAGNOSIS: Rectal carcinoma.

POSTOPERATIVE DIAGNOSIS: Rectal carcinoma.

OPERATION: Exploratory laparotomy, low anterior resection of the rectum.

ASSISTANT: Dr. Landay

ANESTHESIA: General endotracheal.

INDICATIONS:

This is a 51-year-old gentleman who presents with hematochezia. Colonoscopy showed a rectal carcinoma that was about 8 cm from the anal verge. Biopsy was positive for carcinoma. CT scan showed negative disease in the liver and a rectal ultrasound showed the tumor was probably full thickness through the bowel wall with negative lymph nodes. He is now for low anterior resection of the rectum, possible abdominoperineal resection. Risks of the procedure were discussed and he agrees to proceed. He completed a mechanical bowel preparation as an outpatient. At the beginning of the operation, Dr. Liam Hurley of urology placed bilateral ureteral stents.

PROCEDURE:

On December 1, 1999, the patient was admitted through same day surgery. He received 3 grams of Unasyn preoperatively. He was brought to the operating room, placed on the operating room table in the supine position. Following the smooth induction of general endotracheal anesthesia, he was placed in a modified perineal lithotomy position. First, Dr. Hurley placed bilateral ureteral stents. See his portion of dictation for that part of the procedure. The abdomen and perineum were then prepped and draped in a sterile manner. A lower midline abdominal incision was made. Peritoneal cavity was entered. The peritoneal surfaces were smooth with no studding. The liver felt normal. The nasogastric tube was palpated in good position in the stomach. The small bowel was run from the ligament of Treitz to the cecum and was normal. The ascending colon, transverse colon, descending colon and sigmoid

ALLEN, NORMAN

023152

JONATHAN D. MANDELL, M.D.

OPERATIVE REPORT - Page 2

colon were palpated and felt normal. At approximately the level of the peritoneal reflection on the anterior surface of the rectum there was puckering of the peritoneum and a mass was palpated at that location consistent with a rectal carcinoma. It was mobile. A Bookwalter self-retaining retractor was used. The left lateral peritoneal reflection of the sigmoid colon was incised and the sigmoid mesentery mobilized. The left ureter was identified and palpated and visualized. A point of division of the sigmoid colon was selected at the apex of the sigmoid loop. The serosal surface at this location was cleaned. A GIA stapler was used to divide the colon at this location. The mesentery was then scored from this location down to the sacral promontory and the mesentery to the colon at this location was divided between Kelly clamps and ligated between 0 Vicryl ties. Both the left and right ureter were identified, both by visualization and palpation. A finger was passed beneath the superior hemorrhoidal vessels and this vascular pedicle was ligated between Kelly clamps and tied with 0 Vicryl ties. The peritoneum was then incised down along the left and right side of the rectum and then around anteriorly. The mesorectum was then mobilized by first entering the relatively avascular plane in front of the sacrum with electrocautery and blunt dissection. In this plane, dissection was then taken down distally in the midline and on either side was taken down with electrocautery and with large hemoclips. Care was taken to palpate the left and right ureter intermittently during this portion of the procedure and these were kept well lateral to the points of dissection. The left and right side of the rectum was then mobilized by dividing the mesorectum and adjacent tissues between right angle clamps and ligated with 0 Vicryl ties. The lateral stalks of the rectum on either side were identified and divided between right angle clamps and ligated with 0 Vicryl ties. Dissection then proceeded anteriorly with the electrocautery and with blunt dissection. As this was done, it was possible to deliver the tumor and rectum up out of the pelvis. The seminal vesicle on either side was identified and swept off of the rectum. There was some slight thickening palpated adjacent to the seminal vesicle on the patient's left side. This was kept in continuity with the rectum and this thickening was dissected laterally away from the pelvis, taking care to palpate the ureter during this portion of the procedure and the ureter was avoided. A combination of blunt and sharp dissection was then used to dissect distally beyond the level of the tumor down towards the level of the coccyx. This was done circumferentially around the rectum. When all of the rectum mobilization had been completed, it was possible to see the rectum at a point at least 5-6 cm beyond the palpable area of the rectal tumor. A finger was passed into the anus and used to palpate within the rectum and after delivering the rectum out of the pelvis and delivering the tumor out of the pelvis it was not possible to palpate the tumor through the anus with the examining finger. No tumor nodules were palpated within the lumen of the rectum with this maneuver and the point of the examining

ALLEN, NORMAN

023152

JONATHAN D. MANDELL, M.D.

OPERATIVE REPORT - Page 3

finger was seen on the rectal wall through the pelvis and the tip of this finger was approximately 5 cm distal to the gross tumor that was visible and palpable in the rectum.

Decision was made to proceed with low anterior resection of the rectum with primary re-anastomosis with the EEA circular stapler device. First, 3-0 silk stay sutures were placed anteriorly and on each lateral side of the rectum at the point selected for division of the rectum. The rectum was then divided just proximal to these stay sutures with electrocautery. The specimen was inspected. The specimen after removal despite some contraction of the bowel showed that the gross tumor was at least 3-4 cm proximal to the distal margin of division. The specimen was sent to pathology. Frozen section of the distal margin of the specimen at three separate places was negative for any carcinoma. A 3-0 Prolene suture was then used in a baseball-type spiral stitch to form a pursestring using full thickness bites of the distal rectal stump. The proximal colon was then cleaned on its serosal surface of any fatty tissue for about 2 cm proximal to the GIA staple line and the GIA staple line was excised. A 3-0 Prolene suture was then used to create a pursestring around the end of the proximal colon in a similar baseball-type running suture. The EEA sizers were then used and the distal rectal lumen was sized at 31 mm. The 31 mm EEA stapler was selected. The anvil was removed from the stapler device. The anvil was placed within the proximal colon lumen and the proximal pursestring tightened securely. Additional 3-0 Vicryl sutures were used to cinch up the pursestring around the anvil. The EEA stapler was then introduced through the anus and the shaft of the stapler device extended. This was brought through the distal pursestring and then the distal pursestring was cinched up and tightened around the shaft of the EEA stapler. After this was done, additional 3-0 Vicryl sutures were used to cinch up the pursestring around the shaft of the stapler device. The anvil was then attached to the shaft of the stapler device and the stapler device closed. Care was taken to see the green bar within the window of the EEA stapler device. No other tissues were palpated within the EEA anastomosis and the stapler device was fired after releasing the safety. The stapler device was then opened two revolutions and stapler device removed from the rectum. The anvil was removed from the stapler device and both doughnuts were inspected and were intact. The Prolene sutures pursestring at each of the doughnuts was cut to ensure that both doughnuts were intact and these were inspected and the mucosal ring was intact at both doughnuts. The proximal and distal doughnut was sent to pathology labeled proximal and distal doughnut separately. 3-0 silk horizontal mattress sutures were then placed anteriorly across the anastomosis.

ALLEN, NORMAN

023152

JONATHAN D. MANDELL, M.D.

OPERATIVE REPORT - Page 4

After this was done, a balloon-tipped rectal insufflation catheter was used. The tip of the catheter was inserted into the anus with the inflated balloon outside of the anus and air was insufflated through the rectal catheter into the rectum. The pelvis was filled with fluid and the colon proximal to the anastomosis was palpated and was felt to distend with the insufflated air. No bubbling of the pelvic fluid was noted indicating that there was no air leak from the anastomosis. The rectal catheter was removed.

The pelvis was irrigated. Hemostasis was obtained with electrocautery. Hemostasis was excellent at the end of the procedure. The small bowel was placed back in its in situ position. A single #10 flat Jackson-Pratt drain was brought out through a separate right lower quadrant stab wound and the drain was placed in the pelvis but kept away from the anastomosis. The drain was sutured to the skin with 3-0 Prolene suture. The midline fascia was closed with a running #2 nylon suture started at either pole of the incision and tied at the midpoint. The subcutaneous fat was irrigated. Hemostasis was obtained with electrocautery. The skin was closed with staples. Sponge, needle and instrument count were all correct at the end of the procedure. Plan was for extubation in the operating room and transport to Post-Anesthesia Care Unit in stable condition, having tolerated the procedure well.

JONATHAN D. MANDELL, M.D.

10828
DD: 12/01/1999
DT: 12/02/1999 08:21
Job # 20309

cc: Dr. David Farzan
Dr. Fazio

LAWRENCE GENERAL HOSPITAL
1 GENERAL ST. P.O. BOX 189
LAWRENCE, MA 01842-0389

Ch# 248596

OPERATIVE REPORT

PATIENT: ALLEN, NORMAN

023152

LIAM J. HURLEY, M.D.

ADMIT: DISCH:

SURGEON: LIAM J. HURLEY, M.D.

OPERATION DATE: 12/01/1999

PREOPERATIVE DIAGNOSIS: Rectal cancer.

POSTOPERATIVE DIAGNOSIS: Rectal cancer.

OPERATION: Cystourethroscopy, placement of bilateral ureteral stents for Dr. Mandell's procedure.

ANESTHESIA: GTT

INDICATIONS:

This is a 52-year-old white male with rectal cancer who is going to have an endoscopic pull-through hopefully by Dr. Mandell. Dr. Mandell wishes to have ureteral stents placed for better visualization of the ureters.

PROCEDURE:

After the patient successfully induced in anesthesia, the patient prepped and draped in sterile fashion. A 22-French cystourethroscope was placed in the bladder without difficulty. There was no evidence of urethral or bladder lesions seen using the 30 and 70-degree scope. Ureteral orifices were visualized and a #5 whistle-tip ureteral catheter placed up the left and right without difficulty. The scope was removed. A Foley catheter was placed. The stents were inserted into the bag of the Foley catheter using the adaptor. The stents and Foley were Steri-Stripped together and Dr. Mandell went about his procedure.

LIAM J. HURLEY, M.D.

10828

DD: 12/01/1999

DT: 12/02/1999 05:58

Job # 20128

cc: Dr. Farzan
Dr. Mandell



**Lawrence
General
Hospital**

248596

1 General Street
PO Box 189
Lawrence, MA 01842-0389
(978) 946-8115
(978) 683-5024 Fax

ONCOLOGY CONSULTATION

NAME: ALLEN, NORMAN G

DOB: 11/24/1947 **MRA#:** 023152

SEX: M

ACCT#: 2485440

REFERR: MANDELL, JONATHAN

MSV: SUR

PT: I

ADMIT: / /

ROOM: H4 / 404-2

DISCH: 12/11/1999

DATE OF CONSULTATION: 12/09/99

REASON FOR CONSULTATION: The consultation was requested because of rectal cancer.

HISTORY OF PRESENT ILLNESS: Mr. Allen is a fifty-two year old gentleman who has been noticing rectal bleeding for the last five or six months. He has had some discomfort in the pelvic area, but this has been going on for a number of years and does not appear to have changed at all in the last few months. He has also noticed some weight loss, even though he is somewhat unsure of about how much in how long. It sounds like it has been grossly 15 or 20 pounds over the last six months.

He has had both dark blood as well as red blood with bowel movements and this has been intermittent. He was actually seen by Dr. Farzan who performed a rectal examination, which was presumably negative, but because of the history, he sent him for evaluation by Dr. Fazio. Dr. Fazio performed a colonoscopy on October 20th.

Six to eight centimeters from the anal verge a lesion was found. Biopsies were taken which were positive for mucinous adenocarcinoma, which was moderately differentiated. The rest of the colonoscopy was unremarkable.

Of note, a CT scan of the abdomen and pelvis was obtained which was negative for metastatic disease in the liver. There was a question of the area of the seminal vesicles which was brought out by endorectal ultrasound at Lahey Clinic.

He came to the hospital for further treatment. On December 1st he underwent low anterior resection. He has been slowly and progressively recovering from the surgery. The surgical specimen is significant for infiltrating adenocarcinoma, with greater than 50% mucinous component. It is moderately differentiating and infiltrates through the muscularis propria into the perirectal adipose tissue and is also less than 1 mm away from the interserosal margin. Lymphatic invasion was present. There was a large, thrombosed, subserosal vein within the wall, which also contained tumor. There was extensive perineural invasion. Proximal and distal margins were free of tumor.

12/17/99 10:04 PMA 978 521 3233

12/17/99 14:04:25 LGH HIS Department-> 978 521 3233 I Health Info Sys. Page 884

Lawrence General Hospital

ALLEN, NORMAN G

MR#: 023152

CONSULTATION

One of six lymph nodes that were identified was positive for metastatic adenocarcinoma. The carcinoma was extending beyond the lymph node capsule in this particular case. This is, therefore, stage T3 N1 M0 adenocarcinoma of the rectum, overall stage III.

PAST MEDICAL HISTORY:

1. Rectal cancer, as above.
2. Seizure disorder, last episode one year ago.
3. History of fibromyalgia, rheumatic pains.
4. History of a benign lung tumor, removed by thoracotomy ten years ago from the left side.

SOCIAL HISTORY:

He has been a very heavy smoker up until he was admitted this time. He does not drink any alcohol, but he was an alcoholic in the past. He has also smoked marijuana occasionally which calms him down, mainly now that he does not drink anymore.

He has two children and overall a supportive family.

FAMILY HISTORY:

Positive for colon cancer in the patient's father. His two children are healthy.

REVIEW OF SYSTEMS:

Weight loss. Some weakness. No other constitutional symptoms. No visual changes. No mouth changes. Poor dentition. No alopecia. No shortness of breath. No chest pains or palpitations. GI, as above. No nausea or vomiting. He is going through an episode of urinary retention now. No previous GU complaints. No skin changes. No underlying endocrine issues. No underlying hematological issues. Negative review of systems otherwise.

PHYSICAL EXAMINATION: The patient is alert and oriented, thin, pleasant gentleman in no acute distress. Mental status normal. Speech normal.

VITAL SIGNS: His weight is 147 lbs and his usual weight is presumably 162 lbs. Height 5'11". Vital signs are currently normal with a blood pressure of 135/75, temperature 98.0, pulse 84, respiratory rate 16.

HEENT: Mouth clear. Poor dentition.

NECK: Supple. No peripheral adenopathy.

LUNGS: Grossly clear bilaterally, in spite of his smoking history. Good air movement on both sides.

12/17/99 14:06:07

LGH HIS

artment->

978 521 3233

Health Info Sys. Page 886

Lawrence General Hospital

ALLEN, NORMAN G

MR#: 023152

CONSULTATION

Thank you very much for this consultation. It was a pleasure to meet Mr. Norman Allen.

Pedro M. Sanz-Altamira, M.D.

22888 / CN / br
DD: 12/09/1999 15:14
TT: 12/17/1999 13:14

CC: David R. Farzan, M.D.
Thomas L. Fazio, M.D.
Jonathan D. Mandell, M.D.
Astrid O. Peterson, M.D.
Santos K. Shetty, M.D.

Dr. Fayard

LAWRENCE GENERAL HOSPITAL
1 GENERAL ST. P.O. BOX 189
LAWRENCE, MA 01842-0389

(H# 248596)
DISCHARGE SUMMARY

PATIENT: ALLEN, NORMAN 023152 JONATHAN D. MANDELL, M.D.

ADMIT: 12/01/1999 DISCH: 12/11/1999

ADMITTING DIAGNOSIS:
Rectal carcinoma.

SECONDARY DIAGNOSIS:
Postoperative urinary retention, history of seizure disorder.

HISTORY OF THE PRESENT ILLNESS:

This is a 52-year-old gentleman who recently presented with some hematochezia. Evaluation revealed a rectal carcinoma at about 8 cm from the anal verge. Biopsy was positive for carcinoma. CT scan showed no spread to the liver. He was now admitted for low anterior resection of the colon and possible abdominal perineal resection. He completed a mechanical bowel preparation as an outpatient.

HOSPITAL COURSE:

The patient was admitted on December 1, 1999. He was taken to the Operating Room where he underwent low anterior resection of the colon. He tolerated that procedure well. He had bilateral ureteral stents placed by Urology at the beginning of the procedure. These were removed the day following the procedure.

Postoperatively, he was hemodynamically stable. He was initially kept N.P.O. with a nasogastric tube. Nasogastric tube was removed on December 7, 1999. He was started on a liquid diet. He had an intravenous infiltration site on his right forearm which was treated with warm soaks and intravenous Kefzol. This rapidly improved. He had a Jackson-Pratt drain in the pelvis postoperatively. This drained minimally. Diet was advanced. Foley catheter was subsequently removed, but the patient was unable to void adequately, and the Foley catheter was re-inserted. ~~Urology~~ consultation felt that the patient should go home with a leg bag and then follow-up with Urology as an outpatient. The patient was passing flatus without problems. The surgical wound was clean without evidence of infection.

Pathology returned revealing a full thickness rectal tumor with one positive lymph node and a neural and vascular invasion. Distal and proximal margins were clear. He was seen by Dr. Sanz of Oncology and will follow-up with Dr. Sanz of Oncology as an outpatient.

He continued to do well. He was monitored until he moved his bowels. He had brown bowel movements times two prior to discharge. The Jackson-Pratt drain was removed. He was afebrile, and he was

ALLEN, NORMAN

023152

JONATHAN D. MANDELL, M.D.

DISCHARGE SUMMARY - Page 2

discharged to home on December 11, 1999. He will follow-up in my office in one week. He will follow-up with Dr. Sanz of Oncology in one week. He will also follow-up with Dr. Hurley from Urology in one week. He was instructed to resume his pre-operative medications except for his Effexor, which Dr. Hurley of Urology felt he should hold given his urinary retention.

Prescriptions at discharge were Duricef 500 mg P.O. B.I.D., Percocet one to two tablets P.O. Q three hours P.R.N. for pain, and colace 100 mg P.O. T.I.D. P.R.N. for constipation. He was instructed to call if he had any abdominal pain, fever, vomiting or other new symptoms.

JONATHAN D. MANDELL, M.D.

108037

DD: 12/11/1999

DT: 12/11/1999 18:40

Job#023152

cc: DAVID R. FARZAN, M.D.
LIAM J. HURLEY, M.D.
PEDRO M. SANZ-ALTAMIRA, M.D.



**Lawrence
General
Hospital**

1 General Street
PO Box 189
Lawrence, MA 01842-0389
(978) 448-8115
(978) 448-8169 Fax

AMBULATORY CARE REPORT

NAME: ALLEN, NORMAN G

DOB: 11/24/1947 **MR#:** 23152

ATTEND: Thomas Fazio, MD

SEX: M **ACCT#:** 2682284

ADMIT: 11/16/2000

MSV: MED **PT:** L

ROOM: L1

DISCH: 11/16/2000

PROCEDURE: Colonoscopy.

ENDOSCOPIST: Dr. Fazio.

HISTORY AND INDICATIONS: A 52-year-old male who underwent low anterior resection for carcinoma of the rectum about a year ago, and has undergone chemotherapy and radiation therapy for stage III rectal carcinoma. He now undergoes follow up colonoscopy for surveillance.

PROCEDURE: After discussion of the risks, benefits, consequences, and alternatives of the procedure and medication, and after review of the nursing evaluation, the patient was prepared with Versed 5 mg intravenously. A colonoscope was introduced and passed through the cecum which was identified by inspection, palpation, and transillumination. The scope was then withdrawn. The cecum was photographed. Preparation was fair. There were no abnormalities encountered. The patient tolerated the procedure well.

IMPRESSION: Normal total colonoscopy, status post low anterior resection of the rectum.

PLAN: Follow up colonoscopy in 2 years.

Thomas Fazio, MD

DOD: 11/16/00 0907 7138/628:1867933

DOT: 11/22/00 0857

CC: 961 :Mandell, Jonatha
664 :Peterson, MD, Ast
329 :Sanz-Altamire,

LAWRENCE GENERAL HOSPITAL IMAGING SERVICES

DAVID FARZAN MD
203 TURNPIKE STREET
N ANDOVER, MA 01845

Patient Name: ALLEN, NORMAN G.
Physician: FARZAN, DAVID, MD
Medical Record Number: 23152
11/24/1947 /54Y M 2996352
Outpatients
Date of Service: 04/04/2002

Document Status: **FINAL**

02C3271 ALLEN, NORMAN G

EXAMINATION: CT ABDOMEN AND PELVIS WITH CONTRAST
HISTORY: RIGHT SIDE LUMP
DATE: 04/04/02

CT OF THE ABDOMEN:

Helical scan was obtained from the dome of the diaphragm to the iliac crest after ingestion of oral contrast and during bolus infusion of IV contrast.

The liver and spleen are not enlarged. There is diffuse low density nodules throughout the liver strongly suggesting the presence of metastatic disease. The pancreas, adrenal glands and both kidneys are normal. In the right lower quadrant in the region of the cecum there is considerable soft tissue density present. This could represent retained fecal material in the cecum, but a mass in the cecum cannot be excluded. There is no definite ascites noted.

IMPRESSION:

1. EXTENSIVE METASTATIC DISEASE IS SEEN THROUGHOUT THE LIVER.
2. POSSIBLE MASS IN THE CECUM.

CT OF THE PELVIS:

Helical scan was obtained from the iliac crest to the symphysis pubis after ingestion of oral contrast and during bolus infusion of IV contrast. Surgical clips are seen in the rectum.

The soft tissue density in the region of the cecum is again noted. The bowel loops are not dilated. No free fluid is identified. The bladder is normal in outline.

IMPRESSION: POSSIBLE MASS IN THE CECUM. CT SCAN OF THE PELVIS IS OTHERWISE NORMAL.

continued : ALLEN,NORMAN G

John P. Keefe, MD
Radiologist

DD: 04/04/02
DT: 04/05/02
JK/lw
ES/AGP

**Adult Health Maintenance
Flow Sheet**

Name Morgan Allen
PCP Dr. Farzin

DOB 11-24-47**Smoking Status**

Current	Former	Never
---------	--------	-------

Screening Procedures	Recommended Frequency	Yr <u>99</u>	Yr	Yr	Yr	Yr	Yr
Cholesterol/ HDL	q 5 yrs Men (35 - 64) Women (45-64)		✓				
FOBT and/or Sigmoidoscopy	q 1 yr > 50 q 5 yr > 50		✓				
Assess for Hearing (whisper at 15 feet)	>65		✓				
Vision Screening	>65		✓				

CodesD = DoneND = Not
DoneR = RefusedE = Done
Elsewhere

Pap Smear	q 1 yr x 3 yrs then 3 yrs. after	X					
Chlamydia Screening	Females < 20	X					
Mammogram (and CBE) Counseling SBE	q 1-2 yrs. 50 - 69	X					

Immunizations	
TD Booster	Every 10 yr
Pneumoccal	>65
Influenza	Annually
Hep B >11	Status
MMR	
Rubella	and Females > than 12
Varicella	11 years and over

Active**PROBLEM LIST****Inactive**

780.3A 1 Serum O2 yr

423.11 2 Chronic bacteriuria

120.1 3 Fibrosarcoma yr

133.9 4 Colon Ca yr 99

5 yr

6 yr

7 yr

8 yr

9 yr

1 Lung Tumor removed yr 1977

2 Neuroleptic drug yr

3 yr

4 yr

5 yr

6 yr

7 yr

8 yr

9 yr

CHRONIC MEDICATION LIST

Pt. Name: Allen, Norman

DOB: 11-24-49

Medication	Dosage Frequency	DC'd
Dalsalate	750mg ttid	/
Ambien	10mg TBS	/
Effexor	15mg TQD	/
Anxipryl	10mg 3hs.	/
ultram pr-pain	50mg TQ6	/
Solantin	100mg 5qd	
Newtorkin	300mg TBS	/
Sonata	10mg lgs	DC
Cefza	10mg TID	DC
Tylenol #3 pm	TID q8	
Diclofenac	5mg TBS	
Dysport	200U b.d	1/2
Kloran	1g 3qhs	
depotidea	100mg B.I.D.	1/2
Urinette	100mg TID	

Allergic To:

NEIDA A. Paxton

REFILL LIST

PATIENT: Norman Allen

DOB: 11-24-49

DATE	DRUG	DOSE	#	FREQUENCY	REFILL #	PHARMACY	SIGNATURE
12/26/04	Dilantin	100mg	50	S/d	5	CVS 681-1024	CD/HG/PA
1/17/05	Sonata	10mg	20	TOD	2	Marie pt	DF/KS
1/18/05	Cybernol	#3	12	1/1/90	0	Rx mailed pham	CD/HG/DW
1/19/05	Clexa	20mg	30	T po jd	0	CVS 681-9943	CD/HG/PA/DP
3/11/05	Phen妥in sod est 100mg	50	5 QD		11	CVS 681-5048	CD/HG/PA
4/6/05	Tranadex	100mg	30	1 qhs	4	CVS 681-9943	DF/KS
4/7/05	Phenytoin	100mg	150	5 QD	3	CVS 681-9943	DF/KS
4/13/05	Phenytoin	100mg	150	S QD	3	6af/cvs 681-5048	PMA/g2m
7/12/05	Trazadone	100mg	30	1 qhs	3	681-9943	PMA/g2m
10/22/05	Tramadol	100mg	30	9 H/S	5	6af/cvs 681-5048	PMA/g2m
12/20/05	Zoloft	100mg	30	1/2 q.d	5	681-1024	PMA/g2m
12/24/05	Zimaflex	2mg	120	1/1 qhs	0	681-9943	PMA/g2m
12/27/05	Percocet	5/325	60	1/1 QHS	0	P. picked up	PA/BF
2/20/06	Oxycontin	20mg	60	1/2 BID	0	written	mg/KH/PA
2/20/06	Oxycontin	20mg	60	1 po TID	0	written	mg/KH/PA
3/1/06	Lionipin	2mg	30	1 po phs	5	978 1081-1024	DF/KH/PA
3/1/06	Oxy	20	90	1/2			
3/1/06	Oxycontin	40 mg	120	1 po TID	0	681-9943	PA/BF
3/1/06	Percocet 5/325	100	120	1/1 qhs	0	681-9943	PA/BF
3/1/06	Oxycontin	40mg	90	1 po TID	0	written	mg/KH/PA

LAHL C PHYSICIAN COPY OF RESULTS

11/05/99

001

DOCTOR: DIRECT REFERRAL DOCTOR

CLINIC #: 000002074747

PATIENT NAME: ALLEN, NORMAN
LOCATION: OPDPREC/ISO IND: UIP,
D.O.B : 11/24/47**== RADIOLOGY RESULTS ==**

TRANSRECTAL ULTRASOUND

*STAT*11/03/99 07:27

ORDER REASON: ENDO RECTAL/TUMOR

FARZAN, DAVID MD

PENTUCKET MEDICAL ASSOC.

NORTH ANDOVER POST OFFICE PARK

NO. ANDOVER, MA. 01845

978-557-8800

READ BY COSSI, ALDA F

FINDING: ENDORECTAL ULTRASOUND EXAMINATION WAS PERFORMED. THE PATIENT IS A 51 YEAR OLD MALE WITH KNOWN ADENOCARCINOMA OF THE RECTUM AND THE ULTRASOUND WAS REQUESTED FOR STAGING. A 7 MHZ TRANSDUCER WAS USED. THE STUDY DEMONSTRATES A MASS IDENTIFIED IN THE LEFT POSTERIOR QUADRANT AND POSTERIORLY IN THE RECTUM INVOLVING APPROXIMATELY 50% OF THE CIRCUMFERENCE OF THE RECTUM LOCATED IN THE MID TO UPPER THIRD OF THE RECTUM. THE ANTERIOR AND RIGHT LATERAL ASPECT OF THE RECTAL WALL IS UNINVOLVED. THERE IS EVIDENCE OF INVASION OF THE MUSCULARIS PROPRIA WITH THICKENING AND NODULAR APPEARANCE TO THE MUSCULARIS PROPRIA. NO EVIDENCE FOR EXTENSION BEYOND THE MUSCULARIS PROPRIA INTO THE PERIRECTAL FAT. NO PERIRECTAL LYMPH NODES WERE IDENTIFIED.

*

IMPRESSION: ULTRASOUND STAGING OF THE KNOWN RECTAL LESION WOULD BE CONSIDERED A T2 LESION. THERE IS EVIDENCE OF INVASION AND INVOLVEMENT OF THE MUSCULARIS PROPRIA BUT NO EXTENSION BEYOND THE MUSCULARIS PROPRIA AND NO EVIDENCE FOR PERIRECTAL ADENOPATHY AS DESCRIBED. DR. MANDELL OF ANDOVER SURGICAL ASSOCIATES IN ANDOVER, MASS. WAS ADVISED OF THE FINDING.

FD

PHONE: H 978-725-5227 B - - X
27 BOURQUE ST
LAWRENCE MA
01843

DOCTOR: DIRECT REFERRAL DOCTOR
LOCATION DEPT: MIX
FLOOR: 2WC
PATIENT NAME: ALLEN, NORMAN

NAME: *Norman Allin*
 AGE: 44 M CHART # 2485X
 P.P. DF DOB: 11-24-47
 WT: 180 LBS Ht 6' 1" P R
 ALLERGIES: *G D*

Meds: _____ see med list (reviewed)

 Walk in Visit

Soc Hx: smoker yes no _____

Complaint: *Sore - Abd. Cough*

History Did not feel well = Dr. Sanz "like I was supposed to"

Previously felt good for last week now gets very fatigued with eating Bladder works but not able to urinate OK

ROS INDICATE RIGHT, LEFT OR BILATERAL AS APPROPRIATE

CONSTITUTIONAL		HEENT		RESPIRATORY		CARDIOVASCULAR		GASTROINTESTINAL	
Y	N	Y	N	Y	N	Y	N	Y	N
<input checked="" type="checkbox"/>	normal	<input type="checkbox"/>	<input type="checkbox"/>	normal	<input checked="" type="checkbox"/>	normal	<input checked="" type="checkbox"/>	normal	<input type="checkbox"/>
<input type="checkbox"/>	fever tmax _____	<input type="checkbox"/>	<input type="checkbox"/>	otalgia	<input type="checkbox"/>	cough	<input type="checkbox"/>	chest pain	<input type="checkbox"/>
<input type="checkbox"/>	chills	<input type="checkbox"/>	<input type="checkbox"/>	ear discharge	<input type="checkbox"/>	wheezing	<input type="checkbox"/>	with exertion	<input type="checkbox"/>
<input type="checkbox"/>	fatigue	<input type="checkbox"/>	<input type="checkbox"/>	eye redness	<input type="checkbox"/>	sputum	<input type="checkbox"/>	edema	<input type="checkbox"/>
<input type="checkbox"/>	myalgia	<input type="checkbox"/>	<input type="checkbox"/>	eye discharge	<input type="checkbox"/>	hx of asthma	<input type="checkbox"/>	diaphoresis	<input type="checkbox"/>
<input type="checkbox"/>	weight loss	<input type="checkbox"/>	<input type="checkbox"/>	sore throat	<input type="checkbox"/>	hemoptysis	<input type="checkbox"/>	orthopnea	<input type="checkbox"/>
<input type="checkbox"/>	headache	<input type="checkbox"/>	<input type="checkbox"/>	rhinorrhea	<input type="checkbox"/>	dyspnea	<input type="checkbox"/>	PND	<input type="checkbox"/>
<input type="checkbox"/>	neck stiffness	<input type="checkbox"/>	<input type="checkbox"/>	congestion	<input type="checkbox"/>		<input type="checkbox"/>	syncope	<input type="checkbox"/>
<input type="checkbox"/>	rash	<input type="checkbox"/>	<input type="checkbox"/>	purulent nasal dischrg					

Physical Exam INDICATE RIGHT, LEFT OR BILATERAL AS APPROPRIATE

CONSTITUTIONAL		HEENT		RESPIRATORY		CARDIOVASCULAR		ABDOMEN	
Y	N	Y	N	Y	N	Y	N	Y	N
<input checked="" type="checkbox"/>	normal	<input type="checkbox"/>	<input type="checkbox"/>	normal	<input checked="" type="checkbox"/>	normal	<input checked="" type="checkbox"/>	normal	<input type="checkbox"/>
<input type="checkbox"/>	pale	<input type="checkbox"/>	<input type="checkbox"/>	membranes dry	<input type="checkbox"/>	wheezing	<input type="checkbox"/>	murmur	<input type="checkbox"/>
<input type="checkbox"/>	cyanosis	<input type="checkbox"/>	<input type="checkbox"/>	enlarged tonsil	<input type="checkbox"/>	rhonchi	<input type="checkbox"/>	tachycardia	<input type="checkbox"/>
<input type="checkbox"/>	poor skin turgor	<input type="checkbox"/>	<input type="checkbox"/>	pharynx exud/eryth	<input type="checkbox"/>	stridor	<input type="checkbox"/>	dimin pulses	<input type="checkbox"/>
OTHER		<input type="checkbox"/>	<input type="checkbox"/>	TM loss of landmarks	<input type="checkbox"/>	prolonged expiration	<input type="checkbox"/>	poor perfusion	<input checked="" type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	TM erythema/fluid	<input type="checkbox"/>	retractions	<input type="checkbox"/>	Neck	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	conj dischrg / eryth	<input type="checkbox"/>	diminished sounds	<input type="checkbox"/>	ant cerv LA	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	rhinorrhea	<input type="checkbox"/>	bronchial sound	<input type="checkbox"/>	post cerv LA	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	sinus tenderness			<input type="checkbox"/>	supraclavicular LA	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	purulent nasal dischrg			<input type="checkbox"/>	stiffness	<input type="checkbox"/>
							<input type="checkbox"/>	meningismus	<input type="checkbox"/>

AP: Abd Fw 3? Abdomen CA

Sent for CT Abd Non

LFT, CBC

*Mom + Blush
+ f/f abn*

603-384-3119

If sx worsen Call return to clinic Go to ER _____

Follow Up in _____ day(s) _____ week(s) or if sx worsen if not resolved in _____ PRN

 Side effects and interactions of medicines reviewed with patient

3pm 8/14/05 Lawrence Dr. Sanz

with PCP

David R. Farzan, M.D.

Clinic visit 14

9/16/2005

NAME: Norman Allen

DATE: 3/19/02 CHART #: 248596

PCP: DF DOB: 11/24/47

WT: 894/48 T P R

ALLERGIES: Paxil

STOMACH pain steady x 3 wks - on & off x 3 mo. - P gurgling sounds

History

Help by eatz

Boyz

J Walk in Visit

Soc Hx: smoker yes no

ROS INDICATE RIGHT, LEFT OR BILATERAL AS APPROPRIATE

CONSTITUTIONAL		HEENT		RESPIRATORY		CARDIOVASCULAR		GASTROINTESTINAL	
Y	N	Y	N	Y	N	Y	N	Y	N
<input checked="" type="checkbox"/>	normal	<input type="checkbox"/>	normal	<input checked="" type="checkbox"/>	normal	<input type="checkbox"/>	normal	<input type="checkbox"/>	normal
<input type="checkbox"/>	fever tmax	<input type="checkbox"/>	otalgia	<input type="checkbox"/>	cough	<input type="checkbox"/>	chest pain	<input type="checkbox"/>	nausea
<input type="checkbox"/>	chills	<input type="checkbox"/>	ear discharge	<input type="checkbox"/>	wheezing	<input type="checkbox"/>	with exertion	<input type="checkbox"/>	vomiting
<input type="checkbox"/>	fatigue	<input type="checkbox"/>	eye redness	<input type="checkbox"/>	sputum	<input type="checkbox"/>	edema	<input type="checkbox"/>	diarrhea
<input type="checkbox"/>	myalgia	<input type="checkbox"/>	eye discharge	<input type="checkbox"/>	hx of asthma	<input type="checkbox"/>	daphoresis	<input type="checkbox"/>	constipation
<input type="checkbox"/>	weight loss	<input type="checkbox"/>	sore throat	<input type="checkbox"/>	hemoptysis	<input type="checkbox"/>	orthopnea	<input type="checkbox"/>	hematochezia
<input type="checkbox"/>	headache	<input type="checkbox"/>	rhinorrhea	<input type="checkbox"/>	dyspnea	<input type="checkbox"/>	PND	<input type="checkbox"/>	melena
<input type="checkbox"/>	neck stiffness	<input type="checkbox"/>	congestion	<input type="checkbox"/>		<input type="checkbox"/>	syncope	<input type="checkbox"/>	
<input type="checkbox"/>	rash	<input type="checkbox"/>	purulent nasal dschrg						

Physical Exam INDICATE RIGHT, LEFT OR BILATERAL AS APPROPRIATE

CONSTITUTIONAL		HEENT		RESPIRATORY		CARDIOVASCULAR		ABDOMEN	
Y	N	Y	N	Y	N	Y	N	Y	N
<input checked="" type="checkbox"/>	normal	<input type="checkbox"/>	normal	<input checked="" type="checkbox"/>	normal	<input checked="" type="checkbox"/>	normal	<input type="checkbox"/>	normal
<input type="checkbox"/>	pale	<input type="checkbox"/>	membranes dry	<input type="checkbox"/>	wheezing	<input type="checkbox"/>	murmur	<input type="checkbox"/>	increase BS
<input type="checkbox"/>	cyanosis	<input type="checkbox"/>	enlarged tonsil	<input type="checkbox"/>	rheoachi	<input type="checkbox"/>	tachycardia	<input type="checkbox"/>	decreased BS
<input type="checkbox"/>	poor skin turgor	<input type="checkbox"/>	pharynx exad/cryth	<input type="checkbox"/>	stridor	<input type="checkbox"/>	dimin pulses	<input type="checkbox"/>	tenderness
OTHER		<input type="checkbox"/>	TM loss of landmarks	<input type="checkbox"/>	prolonged expiration	<input type="checkbox"/>	poor perfusion	<input type="checkbox"/>	enlarged liver
		<input type="checkbox"/>	TM erythema/fluid	<input type="checkbox"/>	retractions	<input type="checkbox"/>	ant cerv LA	<input type="checkbox"/>	enlarged spleen
		<input type="checkbox"/>	conj dschrg / cryth	<input type="checkbox"/>	diminished sounds	<input type="checkbox"/>	post cerv LA	<input type="checkbox"/>	inguinal adenopathy
		<input type="checkbox"/>	rhinorrhea	<input type="checkbox"/>	bronchial sound	<input type="checkbox"/>	supraclavicular LA	<input type="checkbox"/>	rebound
		<input type="checkbox"/>	sinus tenderness			<input type="checkbox"/>	stiffness		
		<input type="checkbox"/>	purulent nasal dschrg			<input type="checkbox"/>	meningismus		

A/P: ① Abd p Normal

② Oxytetr 20 i Abd Back for 7 to 7.5

"i Abd

If sx worsen Call return to clinic Go to ER

Follow Up in _____ day(s) _____ week(s) or if sx worsen if not resolved in _____ PRN with PCP

 Side effects and interactions of medicines reviewed with patient

David R. Farzan, M.D.

NAME: Norman Allen
 DATE: 2/4/02 CHART #: 248596
 FOR: DF DOB: 11/21/1947
 WT: BP 90/60 T P R

ALLERGIES: Pollit

P/tx med put on klonopin on 1/24
 reports gd. effect

eds: _____ see med list (reviewed)

Walk in Visit _____

c Hx: smoker yes no _____

History

Much better wt on Organdy tablet

less depressed

Absl. fair visited

ROS INDICATE RIGHT, LEFT OR BILATERAL AS APPROPRIATE

CONSTITUTIONAL	HEENT	RESPIRATORY	CARDIOVASCULAR	GASTROINTESTINAL
Y N	Y N	Y N	Y N	Y N
<input checked="" type="checkbox"/> <input type="checkbox"/> normal	<input type="checkbox"/> <input type="checkbox"/> normal	<input type="checkbox"/> <input type="checkbox"/> normal	<input checked="" type="checkbox"/> <input type="checkbox"/> normal	<input type="checkbox"/> <input type="checkbox"/> normal
<input type="checkbox"/> <input type="checkbox"/> fever tmax	<input type="checkbox"/> <input type="checkbox"/> otalgia	<input type="checkbox"/> <input checked="" type="checkbox"/> cough	<input type="checkbox"/> <input type="checkbox"/> chest pain	<input type="checkbox"/> <input type="checkbox"/> nausea
<input type="checkbox"/> <input type="checkbox"/> chills	<input type="checkbox"/> <input type="checkbox"/> ear discharge	<input type="checkbox"/> <input checked="" type="checkbox"/> wheezing	<input type="checkbox"/> <input type="checkbox"/> with exertion	<input type="checkbox"/> <input type="checkbox"/> vomiting
<input type="checkbox"/> <input type="checkbox"/> fatigue	<input type="checkbox"/> <input type="checkbox"/> eye redness	<input type="checkbox"/> <input type="checkbox"/> sputum	<input type="checkbox"/> <input type="checkbox"/> edema	<input type="checkbox"/> <input type="checkbox"/> diarrhea
<input type="checkbox"/> <input type="checkbox"/> myalgia	<input type="checkbox"/> <input type="checkbox"/> eye discharge	<input type="checkbox"/> <input type="checkbox"/> hx of asthma	<input type="checkbox"/> <input type="checkbox"/> diaphoresis	<input type="checkbox"/> <input type="checkbox"/> constipation
<input type="checkbox"/> <input type="checkbox"/> weight loss	<input type="checkbox"/> <input type="checkbox"/> sore throat	<input type="checkbox"/> <input type="checkbox"/> hemoptysis	<input type="checkbox"/> <input type="checkbox"/> orthopnea	<input type="checkbox"/> <input type="checkbox"/> hematochezia
<input type="checkbox"/> <input type="checkbox"/> headache	<input type="checkbox"/> <input type="checkbox"/> rhinorrhea	<input type="checkbox"/> <input type="checkbox"/> dyspnea	<input type="checkbox"/> <input type="checkbox"/> PND	<input type="checkbox"/> <input type="checkbox"/> melena
<input type="checkbox"/> <input type="checkbox"/> neck stiffness	<input type="checkbox"/> <input type="checkbox"/> congestion		<input type="checkbox"/> <input type="checkbox"/> syncope	
<input type="checkbox"/> <input type="checkbox"/> rash	<input type="checkbox"/> <input type="checkbox"/> purulent nas dschrg			

Physical Exam INDICATE RIGHT, LEFT OR BILATERAL AS APPROPRIATE

CONSTITUTIONAL	HEENT	RESPIRATORY	CARDIOVASCULAR	ABDOMEN
Y N	Y N	Y N	Y N	Y N
<input checked="" type="checkbox"/> <input type="checkbox"/> normal	<input type="checkbox"/> <input type="checkbox"/> normal	<input type="checkbox"/> <input type="checkbox"/> normal	<input type="checkbox"/> <input type="checkbox"/> normal	<input type="checkbox"/> <input type="checkbox"/> normal
<input type="checkbox"/> <input type="checkbox"/> pale	<input type="checkbox"/> <input type="checkbox"/> membranes dry	<input type="checkbox"/> <input type="checkbox"/> wheezing	<input type="checkbox"/> <input type="checkbox"/> murmur	<input type="checkbox"/> <input type="checkbox"/> increase BS
<input type="checkbox"/> <input type="checkbox"/> cyanosis	<input type="checkbox"/> <input type="checkbox"/> enlarged tonsil	<input type="checkbox"/> <input type="checkbox"/> rhonchi	<input type="checkbox"/> <input type="checkbox"/> tachycardia	<input type="checkbox"/> <input type="checkbox"/> decreased BS
<input type="checkbox"/> <input type="checkbox"/> poor skin turgor	<input type="checkbox"/> <input type="checkbox"/> pharynx exudate/erythe	<input type="checkbox"/> <input type="checkbox"/> stridor	<input type="checkbox"/> <input type="checkbox"/> dimin pulses	<input type="checkbox"/> <input type="checkbox"/> tenderness
OTHER	<input type="checkbox"/> <input type="checkbox"/> TM loss of landmarks	<input type="checkbox"/> <input type="checkbox"/> prolonged expiration	<input type="checkbox"/> <input type="checkbox"/> poor perfusion	<input type="checkbox"/> <input type="checkbox"/> enlarged liver
<i>S & R</i>	<input type="checkbox"/> <input type="checkbox"/> TM erythema/bild	<input type="checkbox"/> <input type="checkbox"/> retractions	<input type="checkbox"/> <input type="checkbox"/> Neck	<input type="checkbox"/> <input type="checkbox"/> enlarged spleen
<i>Abd</i>	<input type="checkbox"/> <input type="checkbox"/> conj dischg / eryth	<input type="checkbox"/> <input type="checkbox"/> diminished sounds	<input type="checkbox"/> <input type="checkbox"/> anti cerv LA	<input type="checkbox"/> <input type="checkbox"/> inguinal adenopathy
<i>Abd</i>	<input type="checkbox"/> <input type="checkbox"/> rhinorrhea	<input type="checkbox"/> <input type="checkbox"/> bronchial sound	<input type="checkbox"/> <input type="checkbox"/> post cerv LA	<input type="checkbox"/> <input type="checkbox"/> rebound
<i>Abd</i>	<input type="checkbox"/> <input type="checkbox"/> sinus tenderness		<input type="checkbox"/> <input type="checkbox"/> supraventricular LA	
<i>Abd</i>	<input type="checkbox"/> <input type="checkbox"/> purulent nasal dschrg		<input type="checkbox"/> <input type="checkbox"/> stiffness	
			<input type="checkbox"/> <input type="checkbox"/> meningismus	

A/P: Back pain i RFL Organdy 20 kg

Anxty: RFL Klon 2g gl

Abd pain: n/vol

NAME: Norman Alvin
 DATE: 1/24/02 CHART#: 248596
 PCP: DF DOB: 11/24/1947
 WT: BP T P H
 ALLERGIES: penicillin

Meds: _____ see med list (reviewed)

Walk in Visit _____

Soc Hx: smoker yes no _____

History

c/o ear pain last 2-3 d

ROS INDICATE RIGHT, LEFT OR BILATERAL AS APPROPRIATE

CONSTITUTIONAL		HEENT		RESPIRATORY		CARDIOVASCULAR		GASTROINTESTINAL	
Y	N	Y	N	Y	N	Y	N	Y	N
<input checked="" type="checkbox"/>	□	normal	□	normal	□	normal	<input checked="" type="checkbox"/>	□	normal
□	□	fever tmax _____	□	otalgia	□	cough	□	□	chest pain
□	□	chills	□	ear discharge	□	wheezing	□	□	with exertion
□	□	fatigue	□	eye redness	□	sputum	□	□	edema
□	□	myalgia	□	eye discharge	□	hx of asthma	□	□	diaphoresis
□	□	weight loss	□	sore throat	□	hemoptysis	□	□	orthopnea
□	□	headache	□	rhinorrhea	□	dyspnea	□	□	PND
□	□	neck stiffness	□	congestion	□		□	□	syncope
□	□	rash	□	purulent nas dschrg				□	□

Physical Exam INDICATE RIGHT, LEFT OR BILATERAL AS APPROPRIATE

CONSTITUTIONAL		HEENT		RESPIRATORY		CARDIOVASCULAR		ABDOMEN	
Y	N	Y	N	Y	N	Y	N	Y	N
<input checked="" type="checkbox"/>	□	normal	□	normal	<input checked="" type="checkbox"/>	normal	<input checked="" type="checkbox"/>	□	normal
□	□	pale	□	membranes dry	□	wheezing	□	□	murmur
□	□	cyanosis	□	enlarged tonsil	□	rhonchi	□	□	tachycardia
□	□	poor skin turgor	□	pharynx exud/eryth	□	stridor	□	□	dimin pulses
OTHER		□	□	TM loss of landmarks	□	prolonged expiration	□	□	poor perfusion
		□	□	TM erythema/fluid	□	retractions	□	□	ant cerv LA
		□	□	conj dischg / eryth	□	diminished sounds	□	□	post cerv LA
		□	□	rhinorrhea	□	bronchial sound	□	□	supraventricular LA
		□	□	sinus tenderness			□	□	stiffness
		□	□	purulent nasal dschrg			□	□	meningismus

AP: Good well ty work 04/2002 Contain 5840

Neck: pain helped by 4 posmt at night & 1/2 : well ty moderateodyn

Mamma: 2nd flg inflam at 8:30 Klonop helped to sleep
will ty Klonop (as P.O.)

If sx worsen Call return to clinic Go to ER

Follow Up in _____ day(s) _____ week(s) or if sx worsen if not resolved in _____ PRN

Side effects and interactions of medicines reviewed with patient

with PCP

David R. Farzan, M.D.

NAME: Norman Allen
 DATE: 12/10/01 CHART #: 248596
 POP: Farzan DOB: 11/24/47
 WT: BP 124/78 T P R
 ALLERGIES: Paxil → Rash

Meds: _____ see med list (reviewed)

Zapfer Z t/gt
 Zulft m/t

Walk in Visit _____

Soc Hx: smoker yes no _____

History _____

Still do Not feel comf

Dysuria

C-Spx x-ray? Consider dysuria

ROS - INDICATE RIGHT, LEFT OR BILATERAL AS APPROPRIATE

CONSTITUTIONAL	HEENT	RESPIRATORY	CARDIOVASCULAR	GASTROINTESTINAL
normal	Y N	Y N	Y N	Y N
fever max		otalgia	cough	nausea
chills		ear discharge	wheezing	vomiting
tantric		eye redness	sputum	diarrhea
myalgia		eye discharge	hx of asthma	constipation
weight loss		sore throat	hemoptysis	hematochezia
headache		rhinorrhea	dyspnea	melena
neck stiffness		congestion		
rash		purulent nasal dischrg		

Physical Exam - INDICATE RIGHT, LEFT OR BILATERAL AS APPROPRIATE

CONSTITUTIONAL	HEENT	RESPIRATORY	CARDIOVASCULAR	ABDOMEN
normal	Y N	normal	Y N	normal
pale		membranes dry	murmur	increase BS
nasos		enlarged tonsil	tachycardia	decreased BS
poor skin turgor		pharynx exudate	dimin pulses	tenderness
CVL R		1/1 on landmarks	poor perfusion	enlarged liver
		TM erythema/fluid	Neck	enlarged spleen
		conj dischrg / eryth	retractions	inguinal adenopathy
		rhinorrhea	diminished sounds	rebound
		sinus tenderness	bronchial sound	
		purulent nasal dischrg		

AP

- ① Ned should per x fd : ? Zapfer w/p Perab ss/s w/d & s
- ② Dysuria : cont Zulft
- ③ Inconv : ? Zapfer + t/gt (8m)

if worsen Call _____ return to clinic Go to ER _____

Follow Up in _____ days) _____ week(s) or if ~~worsen~~ if not resolved in _____ PRN

with PCP

Side effects and interactions of medicines reviewed with patient

David R. Farzan, M.D.

NAME: Norman Allard
 DATE: 11/26/01 CHART#:
 POP: DOB: 11/24/47
 WT: BP 98/60 T P R
 ALLERGIES: Paxil

Medic: _____ see med list (reviewed)

Walk-in Visit

Soc Hx: smoker yes no

History do bad per - son
do Regime st
(+) short cys (+) colds

ROS INDICATE RIGHT, LEFT OR BILATERAL AS APPROPRIATE

CONSTITUTIONAL		HEENT		RESPIRATORY		GASTROINTESTINAL		CARDIOVASCULAR	
Y	N	Y	N	Y	N	Y	N	Y	N
<input checked="" type="checkbox"/>	normal	<input type="checkbox"/>	normal	<input checked="" type="checkbox"/>	normal	<input checked="" type="checkbox"/>	normal	<input type="checkbox"/>	normal
	exertional		otalgia		cough		vomiting		chest pain
	chills		ear discharge		wheezing		diarrhea		with exertion
	fatigue		eye redness	<input type="checkbox"/>	sputum	<input type="checkbox"/>	constipation	<input type="checkbox"/>	edema
	myalgia	<input type="checkbox"/>	eye discharge	<input type="checkbox"/>	hx of asthma	<input type="checkbox"/>	abdominal pain	<input type="checkbox"/>	diaphoresis
	weight loss	<input type="checkbox"/>	congestion	<input type="checkbox"/>	fam hx asthma	<input type="checkbox"/>	cramps	<input type="checkbox"/>	orthopnea
	headache	<input type="checkbox"/>	rhinorrhea	<input type="checkbox"/>	dyspnea			<input type="checkbox"/>	syncope
	neck stiffness	<input type="checkbox"/>	sore throat						
	rash								

Physical Exam INDICATE RIGHT, LEFT OR BILATERAL AS APPROPRIATE

CONSTITUTIONAL		HEENT		RESPIRATORY		CARDIOVASCULAR		ABDOMEN	
Y	N	Y	N	Y	N	Y	N	Y	N
<input checked="" type="checkbox"/>	normal	<input checked="" type="checkbox"/>	normal	<input checked="" type="checkbox"/>	normal	<input checked="" type="checkbox"/>	normal	<input type="checkbox"/>	normal
	pale	<input type="checkbox"/>	membranes dry	<input type="checkbox"/>	wheezing	<input type="checkbox"/>	murmur	<input type="checkbox"/>	increase BS
	cyanosis	<input type="checkbox"/>	enlarged tonsil	<input type="checkbox"/>	rhonchi	<input type="checkbox"/>	tachycardia	<input type="checkbox"/>	decreased BS
	poor skin turgor	<input type="checkbox"/>	pharynx exud/erythe	<input type="checkbox"/>	stridor	<input type="checkbox"/>	dimin pulses	<input type="checkbox"/>	tenderness
OTHER			TM loss of landmarks	<input type="checkbox"/>	prolonged expiration	<input type="checkbox"/>	poor perfusion	<input type="checkbox"/>	enlarged liver
<i>Tender</i>			nasus tenderness	<input type="checkbox"/>	retractions	<input type="checkbox"/>	Neck	<input type="checkbox"/>	enlarged spleens
<i>paroxysm</i>			diaphoresis	<input type="checkbox"/>	diminished sounds	<input type="checkbox"/>	ant cerv LA	<input type="checkbox"/>	inguinal adenopathy
<i>n BA</i>			nasal discharge	<input type="checkbox"/>	bronchial sound	<input type="checkbox"/>	post cerv LA	<input type="checkbox"/>	rebound
			TM erythema/fluid	<input type="checkbox"/>	supraclavicular LA	<input type="checkbox"/>	stiffness		
			conj discharge/ erythe			<input type="checkbox"/>	meningismus		

A/P: Dysuria 2-3/4 lbs 1/2 100%
red pale cyan ; 2 menses 2/3 high

If sx worsen Call return to clinic Go to ER

Follow Up in 10 day(s) week(s) if sx worsen PRN with PCP

Side effects and interactions of medicines reviewed with patient

David R. Farzan, M.D.

NAME: Norman Allen
 DATE: 10/16/01 CHART #: 248596
 PCP: DR DOB: 11/24/1947
 WT: BP 120/70 T P R
 ALLERGIES: *Paxil*
? Pain medicine

Teds: _____ see med list (reviewed)

Walk in Visit _____

dc Hx: smoker yes no _____

History _____

clu Neck & Back pain

R/O'S - MARK THE PERTINENT SYSTEMS WITH PERTINENT AS APPROPRIATE

CONSTITUTIONAL	HEENT	RESPIRATORY	CARDIOVASCULAR	GASTROINTESTINAL
	Y N	Y N	Y N	Y N
fever	normal	normal	normal	normal
chills	otalgia	cough	chest pain	nausea
lethargy	ear discharge	wheezing	with exertion	vomiting
myalgia	eye redness	sputum	edema	diarrhea
weight loss	eye discharge	hx of asthma	diaphoresis	constipation
headache	sore throat	hemoptysis	orthopnea	hematochezia
neck stiffness	rhinorrhea	dyspnea	PND	melena
rash	congestion		syncope	
	purulent nasal discharge			

Physical Exam - MARK THE PERTINENT SYSTEMS WITH PERTINENT AS APPROPRIATE

CONSTITUTIONAL	HEENT	RESPIRATORY	CARDIOVASCULAR	ABDOMEN
	Y N	Y N	Y N	Y N
normal	normal	normal	normal	normal
pale	membrane dry	wheezing	murmur	increase BS
cyanosis	enlarged tonsil	rhonchi	tachycardia	decreased BS
CVS: S1-S3, S4, S5	pharynx erythritic	stridor	dimin pulses	tenderness
OTHER	FM loss of landmarks	prolonged expiration	poor perfusion	enlarged liver
	CVL: edema fluid	retractions	Neck	enlarged spleen
	conj dischg: eryth	diminished sounds	ant cerv LA	inguinal adenopathy
	rhinorrhea	bronchial sound	post cerv LA	rebound
	stom tenderness		supr clavicular LA	
	purulent nasal discharge		stiffness	
			meningismus	

AP (1) Back & Neck pain Vicodin ES qd
 (2) Colon Ca told to go for schedule (ed)
 recons

Conindr Zantac 40 mg

Follow Call return to clinic Go to ER

Follow up in ___ days) 3 week(s) or if sx worsen If not resolved in _____

PRN

with PCP

✓

David R. Farzan, M.D.

Side effects and interactions of medicines reviewed with patient

NAME: Norman Allen

DATE: 5-16-01 CHART#:

PCP: DOB:

WT: BP T P R

ALLERGIES:

W/S

Norman Allen

NAME:

DATE: 3.16.01 CHART #: 248596

PCP: Dr. G. DOB: 11.24.47

WT: BP 122/70 T 98.6 R

ALLERGIES: Pezil

not able to sleep.

Morcon taken in sleep
& Remox sleep & 2 hr hem
still not relief (S) snoring
Hx Prostate
VSS-AF
on. 12.12.5 m

softs left 8.00
sets 3 days

short: NC

① Insomnia

Somab P 100mg

Valium half but only at 20mg

Trosedone P 100mg at 100mg

Diazepam 30mg

CPE request

② Colon CA & followup

by Dr. Markel & Sons

Ref. Dr. Farzan

Allergies; Papil

Norman Allen P320899

11-24-47

978-725-5227

Ins: M/H

Meds: see med list.

10/30/00 Dr: Hx colon Ca

P/a Colon sched. at LGH 11/16. Fleet phosphosoda prep info mailed to pt. No visit prior to exam.
No referral or avail rec. available ff

/

NAME: *Norman Allen*

DATE: 4-26-00 CHART #: 348596

PCP: DF DOB: 11/24/47

WT: BP T P R

ALLERGIES:

MEDS:

No Show

Norman Atta

1-25-00 T.C. Rec'd # for rad. therapy given M.H.
each # X 30 visits per day & D.N.

Norman Atta
1-25-00 248396
D.P. 11-24-01
Vis. 100/70 Date of
Referrals: NKA
M. W. Miller
Norman

Pre-Op Dr. Harley Date of
Surgery: 2/6/00

PRE-OP

Aellen Norman

12/27/99 RF Percocet #100 i-t-i 86° pren pain #100
R-phusin _____ KEECK

Norman Allen #248596

10/22/99 Dr. Fazio spoke w/ pts. wife & told her her husband has rectal cr. She will call Dr. Mandell's office for an appt. Dr. Mandell's office notified - will fax results as they come in. No alemeds/TF

Ref. appt. c Dr Mandell 10/28/99 -
records fax'd - C

11-29-99 T.C. from LKH side. Stating pt needs
Chest film for Aug 12th Dr. Mandell. Stat Chest
X-ray req. left Icar ground floor for pt. who
will present today. EKG. dated E.P. 8/2.

Patient: ALLEN,NORMAN ge: 51(11/24/1947) Sex: I Patient ID: P320899
 Accession: L6072577 Ordered Date: 09/27/1999 Time: 10:12 AM
 Dr: FARZAN,DAVID Collected Date: 09/27/1999 Time: 1011A

Comments:

Test Procedure	Results	Units	Normal Range
CBC with Differential			
White Blood Count	9.5	x1000/uL	3.8-11.0
Red Blood Cell Count	5.01	mil/uL	4.4-5.9
Hemoglobin	15.7	g/dL	13.0-18.0
Hematocrit	44.9	%	40-52
MCV	90	fL	80-99
MCH	31	pg	26-34
MCHC	35	g/dL	32-36
Platelet Count	215	x1000/uL	130-400
Neutrophils	66	%	45-70
Lymphocytes	26	%	20-44
Monocytes	6	%	2-12
Eosinophils	1	%	0-4
Basophils	1	%	0-2
Neutrophils (#)	6.3	x1000/uL	1.8-7.0

<CR> to continue:

Accession: L6072577 Ordered Date: 09/27/1999 Time: 10:12 AM

Dr: FARZAN,DAVID Credited Date: 09/27/1999 Time: .011A

Comments:

Test Procedure	Results	Units	Normal Range	
CBC with Differential				
Lymphocytes (#)	2.5	x1000/uL	1.0-4.0	R
Monocytes (#)	0.6	x1000/uL	0-0.8	R
Eosinophils (#)	0.1	x1000/uL	0-0.45	R
Basophils (#)	0.1	x1000/uL	0-0.20	R
RBC Morphology	NORM			R

Cardiac Risk/Lipid Profile

Cholesterol, Total	269	H	mg/dL	<200	R
Triglycerides	81		mg/dL	Fasting: <200	R
Cholesterol, HDL (Direct)	48		mg/dL	>35	R
Cholesterol, LDL (Calculated)	205		mg/dL		R
	Without CHD		<2 risk factors	<160 mg/dL	
	Without CHD		2 or more	<130 mg/dL	

<CR> to continue: cr

cr

Comments:

Test Procedure	Results	Units	Normal Range	
CBC with Differential				
Lymphocytes (#)	2.5	x1000/uL	1.0-4.0	R
Monocytes (#)	0.6	x1000/uL	0-0.8	R
Eosinophils (#)	0.1	x1000/uL	0-0.45	R
			<100 mg/dL	
With CHD				
Chol/HDL Ratio	5.6	H	<4.97	R
LDL/HDL Ratio	4.3	H	<3.55	R
Prostate Specific Antigen	0.3	ng/mL	0-4.0	R
Glucose	89	mg/dL	Fasting: 65-109	R

<CR> to continue:

LAHEY CLINIC - BUR

TRANSCRIPTIO

ITS:

DATE/TIME: 11/4/99 0838

RADUNV

***** STAT PRINT OF FINDINGS *****

RADIOLOGY DEPARTMENT: RADIOGRAPHIC FINDING AND SUMMARY

ZQ

PATIENT NAME: ALLEN, NORMAN

PATIENT LOCATION: OPD ROOM :

MRN: 000002074747 SEX: M BIRTHDATE: 11/24/947 AGE: 051

ORDER REASON:
 ENDO RECTAL/TUMOR
 FARZAN, DAVID MD
 PENTUCKET MEDICAL ASSOC.
 NORTH ANDOVER POST OFFICE PARK
 NO. ANDOVER MA. 01845
 978-557-8860

ALLER & CHRON COND:
 NKMA

PRECAUT/ISOLAT: NIP,
 PATIENT HISTORY:
 NO NURSING HX,

PROCEDURE PERFORMED:
 TRANSRECTAL ULTRASOUND

RFD #: R973940 REQUESTING PHYSICIAN:
 DIRECT REFERRAL DOCTOR

REFERRAL DATE/TIME: 11/03/99 0727

REPORT

ENDORECTAL ULTRASOUND EXAMINATION WAS PERFORMED. THE PATIENT IS A 51 YEAR OLD MALE WITH KNOWN ADENOCARCINOMA OF THE RECTUM AND THE ULTRASOUND WAS REQUESTED FOR STAGING. A 7 MHZ TRANSDUCER WAS USED. THE STUDY DEMONSTRATES A MASS IDENTIFIED IN THE LEFT POSTERIOR QUADRANT AND POSTERIORLY IN THE RECTUM INVOLVING APPROXIMATELY 60% OF THE CIRCUMFERENCE OF THE RECTUM LOCATED IN THE MID TO UPPER THIRD OF THE RECTUM. THE ANTERIOR AND RIGHT LATERAL ASPECT OF THE RECTAL WALL IS UNINVOLVED. THERE IS EVIDENCE OF INVASION OF THE MUSCULARIS PROPRIA WITH THICKENING AND NODULAR APPEARANCE TO THE MUSCULARIS PROPRIA. NO EVIDENCE FOR EXTENSION BEYOND THE MUSCULARIS PROPRIA INTO THE PERIRECTAL FAT. NO PERIRECTAL LYMPH NODES WERE IDENTIFIED.

* IMPRESSION: ULTRASOUND STAGING OF THE KNOWN RECTAL LESION WOULD BE CONSIDERED A T2 LESION. THERE IS EVIDENCE OF INVASION AND INVOLVEMENT OF THE MUSCULARIS PROPRIA BUT NO EXTENSION BEYOND THE MUSCULARIS PROPRIA AND NO EVIDENCE FOR PERIRECTAL ADENOFATRY AS DESCRIBED. DR. HANDELL OF ANDOVER SURGICAL ASSOCIATES IN ANDOVER, MASS. WAS ADVISED OF THE FINDING.

END

RADIOLOGISTS:

STAFF COSSI, ALIDA F

M.D. RESIDENT

M.D.

SIGNED ON BY : LINDSTROM, PATRICIA A.

***** STAT PRINT OF RESULTS *****

DEST65

DEST HOME

DEST67 NPRT

UNV RADUNV

RABRSCL1



1 General St.
PO Box 189
Lawrence, MA 01842-0389
(978) 681-4000 X2741

Anatomic Pathology Report

NAME: ALLEN, NORMAN

DOB: 24 NOV 1947

CLINICIAN: THOMAS L. FAZIO, M.D.

ACC. DATE: 20 OCT 1999, 3:00PM

SEX: M

AGE: 51

S99-8199

HOSP#: 23152

BILLING#:

COLL. DATE: 20 OCT 1999

GROSS DESCRIPTION:

2464930--L1

CLINICAL HISTORY--RECTAL BLEEDING**SOURCE OF SPECIMEN--RECTAL MASS**

Labeled Rectal Mass: The specimen consists of three biopsies of tan, soft tissue, the smallest measuring 0.1 cm. in diameter and the largest measuring 0.2 cm. in diameter. The entire specimen will be submitted in a single cassette.

WK:jmd

DIAGNOSIS:

FRAGMENTS OF COLONIC MUCOSA WITH MUCINOUS ADENOCARCINOMA, MODERATELY DIFFERENTIATED, GRADE 2.

(SIGNATURE ON FILE)
CHERYL A. ENNIS, M.D.
jmd
22OCT1999 7:34AM

PROCEDURES: 88305, H

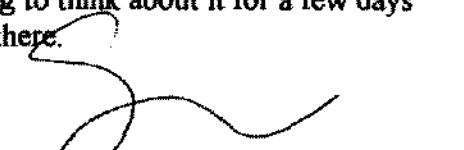
Anatomic Pathology Report

NAME: NORMAN ALLEN
DATE: 04/05/2002

DOB: 11/24/1947

MR# 031444

IMPRESSION & PLAN: Metastatic rectal cancer, a year and a half after having completed postoperative treatments. I had a very extensive discussion with the patient and his wife regarding where to go from here. We talked about the potential benefit and palliative effect of chemotherapy and the modest prolongation of survival. We talked about the likelihood of response and the patient and his wife understood. He is going to think about it for a few days and I plan to see him on Thursday and we will then go from there.



Pedro M. Sanz-Altamira, M.D.

PMS/cr

DD: 04/05/2002

DT: 04/11/2002

cc: Jonathan Mandell, M.D.
David Farzan, M.D.
Liam J. Hurley, M.D.
Astrid O. Peterson, M.D.

PROGRESS NOTE

248596

NAME: NORMAN ALLEN
DATE: 04/05/2002

DOB: 11/24/1947**MR#** 031444

HISTORY OF PRESENT ILLNESS: He comes for follow-up of his rectal cancer. He initially had a T3 N1 M0 grade 2 invasive adenocarcinoma of the rectum. He had one positive node. He had surgery, postoperative 5-FU and radiation, with the standard regimen where the 5-FU is given as a continuous infusion and the radiation is given daily in the middle of the adjuvant treatments, and finished a year and a half ago. He was doing initially well. He did not come for follow-up six months ago and did not have staging studies at that point. He has been feeling very poorly lately, has lost about 15 pounds, has some abdominal discomfort, and has noticed some fullness or possible masses in the epigastric area. He has been recently seen by Dr. Farzan who sent him for laboratory studies and a CT scan of the abdomen and pelvis and he has been found to have lesions in the liver. He continues to smoke. He actually never quit.

PAST MEDICAL HISTORY:

1. Rectal cancer, as above.
2. Seizure disorder with the last episode three years ago.
3. Anxiety and alcoholism in the past.
4. COPD and smoking history.
5. Benign lung tumor removed 12 years ago.
6. Urinary retention, which required a suprapubic catheter for a number of months, resolved over a year ago.

REVIEW OF SYSTEMS: Negative now for mental changes, chest pains, palpitations, ophthalmology changes, or skin changes.

PHYSICAL EXAMINATION: Alert and oriented pleasant gentleman in no distress. His weight is 132 pounds, which is 10 pounds less on our scale. Blood pressure is 98/60.

Respiratory rate and pulse are normal. Mental status normal. Speech normal.

HEENT: Extraocular movements intact. No jaundice. Mouth clear. No sores.

NECK: Supple. No cervical, supraclavicular or axillary adenopathy.

LUNGS: Clear with decreased breath sounds on both sides; his baseline from the COPD.

HEART: Regular without murmurs.

ABDOMEN: Soft, but he has a fullness in the right upper quadrant and epigastric area.

EXTREMITIES: No edema. No calf tenderness.

LABORATORY DATA: Review of the CT scan at the Radiology Department actually does show significant liver involvement. This is totally consistent with metastatic disease from the rectal cancer. He has several lesions in both lobes.

CONTINUED:

PROGRESS NOTE

248596

NAME: NORMAN ALLEN
DATE: 03/23/2001

DOB: 11/24/1947

MR# 031444

HISTORY OF PRESENT ILLNESS: He comes for follow-up of his rectal cancer. He had a T3 N1 M0 grade II invasive adenocarcinoma of the rectum. He had one positive node. He underwent surgery, postoperative 5-FU and radiation as published in the New England Journal in 1994 with the concomitant radiation and continuous infusion of 5-FU in the middle of the regimen. He finished about six months ago and has been doing well. He has had problems with bowel movements, which have improved very clearly with Imodium, which he now only takes on a p.r.n. basis. A recent colonoscopy was negative even though he was found to have a little bit of blood in his stool. He has no new issues with the urine in spite of the previous retention and the suprapubic catheter that was pressing there for a number of months. He has been having a hard time sleeping for which he has been using a high dose of benzodiazepines, and he has been having a very erratic sleeping pattern. He denies other issues. He continues to smoke.

PAST MEDICAL HISTORY:

1. Rectal cancer, as above.
2. Seizure disorder with the last episode in 1999.
3. Anxiety and alcoholism in the past.
4. A benign lung tumor removed 11 years ago.

REVIEW OF SYSTEMS: Negative for mental changes, speech problem, shortness of breath or vomiting.

PHYSICAL EXAMINATION: Alert and oriented pleasant gentleman in no distress. His weight is 141 pounds, which is a few less than last time. Blood pressure is 100/50. Mental status normal. Speech normal.

HEENT: Extraocular movements intact. Mouth clear. No sores.

NECK: Supple. No cervical, supraclavicular or axillary adenopathy. He has very poor dentition. No thyromegaly.

LUNGS: Clear bilaterally with decreased breath sounds on both sides, which is his baseline from the heavy smoking history.

HEART: Regular without murmurs.

ABDOMEN: Soft and nontender. No organomegaly. Very well healed surgical scars. Positive bowel sounds. He has a Port-a-Cath in place in the left upper part of the chest.

EXTREMITIES: No calf tenderness.

L

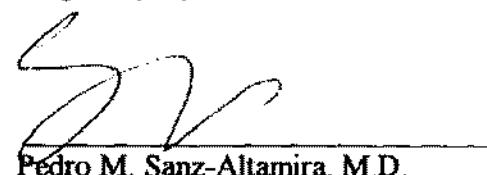
PROGRESS NOTE

NAME: NORMAN ALLEN
DATE: 03/23/2001

DOB: 11/24/1947

MR# 031444

IMPRESSION: 53-year-old gentleman with rectal cancer with no evidence of disease right now coming for follow-up. I plan to obtain scans and laboratory studies again in six months and go from there. He knows to call if there are any problems. I will send him to see Dr. Mandell for removal of the Port-a-Cath. I told him to try to stay away from all of those benzodiazepines and try to fall asleep more or less at the same time in the evening everyday. Will see what happens.



Pedro M. Sanz-Altamira, M.D.

PMS/cr

DD: 03/23/2001

DT: 03/25/2001

cc: Jonathan Mandell, M.D.
David Farzan, M.D.
Liam John Hurley, MD
Thomas Fazio, M.D.
Astrid O. Peterson, M.D.

PROGRESS NOTE

(Ch#248396)

LAWRENCE GENERAL HOSPITAL
1 GENERAL ST. P.O. BOX 189
LAWRENCE, MA 01842-0389

W. Farzon

OPERATIVE REPORT

PATIENT: ALLEN, NORMAN 023152 JONATHAN D. MANDELL, M.D.

ADMIT: DISCH:

SURGEON: JONATHAN D. MANDELL, M.D.

OPERATION DATE: 12/01/1999

PREOPERATIVE DIAGNOSIS: Rectal carcinoma.

POSTOPERATIVE DIAGNOSIS: Rectal carcinoma.

OPERATION: Exploratory laparotomy, low anterior resection of the rectum.

ASSISTANT: Dr. Landay

ANESTHESIA: General endotracheal.

INDICATIONS:

This is a 51-year-old gentleman who presents with hematochezia. Colonoscopy showed a rectal carcinoma that was about 8 cm from the anal verge. Biopsy was positive for carcinoma. CT scan showed negative disease in the liver and a rectal ultrasound showed the tumor was probably full thickness through the bowel wall with negative lymph nodes. He is now for low anterior resection of the rectum, possible abdominoperineal resection. Risks of the procedure were discussed and he agrees to proceed. He completed a mechanical bowel preparation as an outpatient. At the beginning of the operation, Dr. Liam Hurley of urology placed bilateral ureteral stents.

PROCEDURE:

On December 1, 1999, the patient was admitted through same day surgery. He received 3 grams of Unasyn preoperatively. He was brought to the operating room, placed on the operating room table in the supine position. Following the smooth induction of general endotracheal anesthesia, he was placed in a modified perineal lithotomy position. First, Dr. Hurley placed bilateral ureteral stents. See his portion of dictation for that part of the procedure. The abdomen and perineum were then prepped and draped in a sterile manner. A lower midline abdominal incision was made. Peritoneal cavity was entered. The peritoneal surfaces were smooth with no studding. The liver felt normal. The nasogastric tube was palpated in good position in the stomach. The small bowel was run from the ligament of Treitz to the cecum and was normal. The ascending colon, transverse colon, descending colon and sigmoid

ALLEN, NORMAN

023152

JONATHAN D. MANDELL, M.D.

OPERATIVE REPORT - Page 2

colon were palpated and felt normal. At approximately the level of the peritoneal reflection on the anterior surface of the rectum there was puckering of the peritoneum and a mass was palpated at that location consistent with a rectal carcinoma. It was mobile. A Bookwalter self-retaining retractor was used. The left lateral peritoneal reflection of the sigmoid colon was incised and the sigmoid mesentery mobilized. The left ureter was identified and palpated and visualized. A point of division of the sigmoid colon was selected at the apex of the sigmoid loop. The serosal surface at this location was cleaned. A GIA stapler was used to divide the colon at this location. The mesentery was then scored from this location down to the sacral promontory and the mesentery to the colon at this location was divided between Kelly clamps and ligated between 0 Vicryl ties. Both the left and right ureter were identified, both by visualization and palpation. A finger was passed beneath the superior hemorrhoidal vessels and this vascular pedicle was ligated between Kelly clamps and tied with 0 Vicryl ties. The peritoneum was then incised down along the left and right side of the rectum and then around anteriorly. The mesorectum was then mobilized by first entering the relatively avascular plane in front of the sacrum with electrocautery and blunt dissection. In this plane, dissection was then taken down distally in the midline and on either side was taken down with electrocautery and with large hemoclips. Care was taken to palpate the left and right ureter intermittently during this portion of the procedure and these were kept well lateral to the points of dissection. The left and right side of the rectum was then mobilized by dividing the mesorectum and adjacent tissues between right angle clamps and ligated with 0 Vicryl ties. The lateral stalks of the rectum on either side were identified and divided between right angle clamps and ligated with 0 Vicryl ties. Dissection then proceeded anteriorly with the electrocautery and with blunt dissection. As this was done, it was possible to deliver the tumor and rectum up out of the pelvis. The seminal vesicle on either side was identified and swept off of the rectum. There was some slight thickening palpated adjacent to the seminal vesicle on the patient's left side. This was kept in continuity with the rectum and this thickening was dissected laterally away from the pelvis, taking care to palpate the ureter during this portion of the procedure and the ureter was avoided. A combination of blunt and sharp dissection was then used to dissect distally beyond the level of the tumor down towards the level of the coccyx. This was done circumferentially around the rectum. When all of the rectum mobilization had been completed, it was possible to see the rectum at a point at least 5-6 cm beyond the palpable area of the rectal tumor. A finger was passed into the anus and used to palpate within the rectum and after delivering the rectum out of the pelvis and delivering the tumor out of the pelvis it was not possible to palpate the tumor through the anus with the examining finger. No tumor nodules were palpated within the lumen of the rectum with this maneuver and the point of the examining

ALLEN, NORMAN

023152

JONATHAN D. MANDELL, M.D.

OPERATIVE REPORT - Page 3

finger was seen on the rectal wall through the pelvis and the tip of this finger was approximately 5 cm distal to the gross tumor that was visible and palpable in the rectum.

Decision was made to proceed with low anterior resection of the rectum with primary re-anastomosis with the EEA circular stapler device. First, 3-0 silk stay sutures were placed anteriorly and on each lateral side of the rectum at the point selected for division of the rectum. The rectum was then divided just proximal to these stay sutures with electrocautery. The specimen was inspected. The specimen after removal despite some contraction of the bowel showed that the gross tumor was at least 3-4 cm proximal to the distal margin of division. The specimen was sent to pathology. Frozen section of the distal margin of the specimen at three separate places was negative for any carcinoma. A 3-0 Prolene suture was then used in a baseball-type spiral stitch to form a pursestring using full thickness bites of the distal rectal stump. The proximal colon was then cleaned on its serosal surface of any fatty tissue for about 2 cm proximal to the GIA staple line and the GIA staple line was excised. A 3-0 Prolene suture was then used to create a pursestring around the end of the proximal colon in a similar baseball-type running suture. The EEA sizers were then used and the distal rectal lumen was sized at 31 mm. The 31 mm EEA stapler was selected. The anvil was removed from the stapler device. The anvil was placed within the proximal colon lumen and the proximal pursestring tightened securely. Additional 3-0 Vicryl sutures were used to cinch up the pursestring around the anvil. The EEA stapler was then introduced through the anus and the shaft of the stapler device extended. This was brought through the distal pursestring and then the distal pursestring was cinched up and tightened around the shaft of the EEA stapler. After this was done, additional 3-0 Vicryl sutures were used to cinch up the pursestring around the shaft of the stapler device. The anvil was then attached to the shaft of the stapler device and the stapler device closed. Care was taken to see the green bar within the window of the EEA stapler device. No other tissues were palpated within the EEA anastomosis and the stapler device was fired after releasing the safety. The stapler device was then opened two revolutions and stapler device removed from the rectum. The anvil was removed from the stapler device and both doughnuts were inspected and were intact. The Prolene sutures pursestring at each of the doughnuts was cut to ensure that both doughnuts were intact and these were inspected and the mucosal ring was intact at both doughnuts. The proximal and distal doughnut was sent to pathology labeled proximal and distal doughnut separately. 3-0 silk horizontal mattress sutures were then placed anteriorly across the anastomosis.

ALLEN, NORMAN

023152

JONATHAN D. MANDELL, M.D.

OPERATIVE REPORT - Page 4

After this was done, a balloon-tipped rectal insufflation catheter was used. The tip of the catheter was inserted into the anus with the inflated balloon outside of the anus and air was insufflated through the rectal catheter into the rectum. The pelvis was filled with fluid and the colon proximal to the anastomosis was palpated and was felt to distend with the insufflated air. No bubbling of the pelvic fluid was noted indicating that there was no air leak from the anastomosis. The rectal catheter was removed.

The pelvis was irrigated. Hemostasis was obtained with electrocautery. Hemostasis was excellent at the end of the procedure. The small bowel was placed back in its in situ position. A single #10 flat Jackson-Pratt drain was brought out through a separate right lower quadrant stab wound and the drain was placed in the pelvis but kept away from the anastomosis. The drain was sutured to the skin with 3-0 Prolene suture. The midline fascia was closed with a running #2 nylon suture started at either pole of the incision and tied at the midpoint. The subcutaneous fat was irrigated. Hemostasis was obtained with electrocautery. The skin was closed with staples. Sponge, needle and instrument count were all correct at the end of the procedure. Plan was for extubation in the operating room and transport to Post-Anesthesia Care Unit in stable condition, having tolerated the procedure well.

JONATHAN D. MANDELL, M.D.

10828
DD: 12/01/1999
DT: 12/02/1999 08:21
Job # 20309

CC: Dr. David Farzan
Dr. Fazio



**Lawrence
General
Hospital**

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ONCOLOGY REPORT

NAME: ALLEN, NORMAN G	DOB: 11/24/1947	MR#: 023152
REFERR: SANZ-ALTAMIRA, PEDRO	SEX: M	ACCT#: 2598624
	MSV: ONC	PT: B
ADMIT: 07/13/2000	ROOM: /-	
	DISCH:	

This is a 52-year-old man with stage 3 rectal cancer, undergoing postoperative chemotherapy and radiation. He has had a very hard time with the combined modality part of the treatment which was finally completed in the last few weeks. He has had episodes of diarrhea, abdominal cramps, dehydration, nausea, vomiting and abnormalities in his electrolytes. He was also having a hard time with suprapubic catheter and urinary retention which has finally been resolved. He is now feeling much better, eating well, gaining weight without nausea or vomiting but is still smoking very heavily.

PAST HISTORY:

1. Stage 3 rectal cancer as above
2. Seizure disorder, last episode in 1999
3. History of rheumatic pain and fibromyalgia
4. Alcoholism in the past
5. Anxiety
6. History of benign lung tumor removed 10 years ago

Review of systems is negative for mental changes, speech problems, shortness of breath, vomiting and skin problems.

Physical examination reveals an alert, oriented, pleasant gentleman in no distress. Mental status is normal. Speech is normal. Weight is 146 lbs. BP is 111/51, respiratory rate is 16, pulse 84. Mouth is clear; no sores. EOMs intact. There is no jaundice. Neck is supple. There is no cervical, supraclavicular or axillary adenopathy. Lungs are grossly clear bilaterally with somewhat decreased breath sounds on both sides which is baseline. The heart is regular; there are no murmurs. Abdomen is soft and nontender. There is no organomegaly. There are positive bowel sounds. There is a well-healed midline surgical scar. A suprapubic catheter scar has healed completely. Extremities have no edema. There is no tenderness.

LABORATORY STUDIES: CEA 2.1, WBC 6.9, hematocrit 43.7%, platelet count 112, differential is normal. This is a 52-year-old male coming in for follow-up of his rectal cancer. We will continue with chemotherapy as planned. Starting next Monday he is due to receive five days of 5-FU given as IV push doses. We will give him appropriate

08/02/00 13:11:00 LSH HIS * urment-> 5785213210 LSH / Info Sys. Page 004

Lawrence General Hospital

ALLEN, NORMAN G

MR#: 023152

ONCOLOGY REPORT

antiemetics before the chemotherapy. I will see him in follow-up after these five days and about a week later to check electrolytes, blood counts and his overall clinical condition.

Pedro M. Sanz-Altamira, M.D.

7870 / ON / bjs
DD: 07/13/2000 11:02
TT: 08/02/2000 12:50

CC: David R. Farzan, M.D.
Thomas L. Fazio, M.D.
Liam J. Hurley, M.D.
Jonathan D. Mandell, M.D.
Astrid O. Peterson, M.D.

06/15/00 13:47:57

LGH HIS Deptment->

9785213210 LGH Health Info Sys. Page 883

248596



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ONCOLOGY CONSULTATION

NAME: ALLEN, NORMAN G

DOB: 11/24/1947

MR#: 023152

SEX: M

ACCT#: 2596188

REFERR: SANZ-ALTAMIRA, PEDRO

MSV: ONC

PT: B

ROOM: /-

ADMIT: 06/15/2000

DISCH:

DATE OF CONSULTATION: 06/15/00

The patient is a 52 -year-old gentleman with stage III rectal cancer, undergoing postoperative chemotherapy and radiation. He has received two full cycles of 5-FU followed by continuous infusion of 5-FU with radiation therapy. He has had two major interruptions because of toxicity and is finally finishing radiation this week. He is still due to get one additional week of continuous infusion of chemotherapy as part of his regimen. He has been getting a little bit better over the last several days and a problem with urinary retention with a stone and suprapubic catheter is now resolved and he is also more optimistic. He has been noticing burning when passing urine over the past day or two and continues to smoke heavily.

PAST MEDICAL HISTORY:

1. Stage III rectal cancer as above
2. Seizure disorder, the last episode of which happened in 1999
3. History of rheumatic pain and fibromyalgia
4. Alcoholism in the past
5. History of a benign lung tumor removed 10 years ago

REVIEW OF SYSTEMS: Negative for mental changes, speech problems, shortness of breath or vomiting.

PHYSICAL EXAMINATION: This is an alert, oriented, oriented, pleasant gentleman in no distress. Pulse is 72, respiratory rate is 18, BP 94/59, weight 138½ lbs., which is 2½ lbs. more than the last time he was here. Mental status normal. Speech normal. EOMs intact. No jaundice. No alopecia. Mouth clear; no sores. Neck is supple; no thyromegaly. No cervical, supraventricular or axillary adenopathy. Lungs are significant for decreased breath sounds on both sides and scattered wheezes, crackles and rhonchi. Heart is regular; no murmurs. Abdomen is soft and nontender. The site of the suprapubic catheter does not appear infected. The catheter is no longer there and the opening is closing well. He has a well-healed surgical scar. No organomegaly, positive bowel sounds. Extremities have no edema. No calf tenderness.

LABORATORY STUDIES: Sodium 138, potassium 4.9, BUN 13, creatinine .6, calcium 9.7, WBC 6.5, hematocrit 44.3%, MCV 96.5, platelet count 259; differential is normal.

06/15/00 13:48:31

LGH HIS Dr Statement→

9705213210 LGP Health Info Sys. Page 884

Lawrence General Hospital

ALLEN, NORMAN G

MR#: 023152

CONSULTATION

IMPRESSION: This is a 52 -year-old gentleman coming in for adjuvant therapy of stage III (T3 N1) rectal cancer. We plan to continue his treatments; he needs to finish the radiation which will happen this week and continued infusion of chemotherapy today, which will finish next week. He will be back for follow-up in four weeks and will then be due to get another five days in a row treatment of 5-FU.

I plan to collect a sample of urine because of his symptoms and culture it. I will start him on Bactrim for five days.

He will let me know should any problems develop or should this urinary complaint not clear.

Pedro M. Sanz-Altamira, M.D.

28102 / CN / bjs
DD: 06/15/2000 11:04
TT: 06/15/2000 13:26

CC: David R. Farzan, M.D.
Thomas L. Fazio, M.D.
Liam J. Hurley, M.D.
Jonathan D. Mandell, M.D.
Astrid O. Peterson, M.D.

P300899

#248596



**Lawrence
General
Hospital**

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Dr. S. Taylor

ONCOLOGY REPORT

NAME: ALLEN, NORMAN G

DOB: 11/24/1947

MR#: 023152

SEX: M

ACCT#: 2583558

REFERR: SANZ-ALTAMIRA, PE

MSV: ONC

PT: B

ADMIT: 05/25/2000

ROOM: 1 -

DISCH: 5/25/00

CLINICAL HISTORY:

This is a fifty-two year old man with stage III rectal cancer undergoing post-operative chemotherapy and radiation. He became dehydrated following significant diarrhea with the combined radiation and chemotherapy treatment. We had to delay the chemotherapy and stop the radiation for a few days and he has been recently restarted. He is due to get two more weeks of the combined modality treatment and following that, he will have the last two cycles of 5FU chemotherapy. He continues to smoke heavily. The patient is now better than what he was two weeks ago.

PAST MEDICAL HISTORY:

1. Stage III rectal cancer, as above.
2. Seizure disorder; last episode 1999.
3. History of rheumatic pains and fibromyalgia.
4. Alcoholism in the past.
5. History of benign lung tumor removed ten years ago.
6. Anxiety.

REVIEW OF SYSTEMS:

Negative for mental changes, speech problems, shortness of breath or vomiting. He has a suprapubic catheter with urinary retention.

PHYSICAL EXAMINATION:

Alert and oriented, pleasant gentleman, in no distress. Mental status normal. Speech normal.

VITAL SIGNS: Normal with a blood pressure of 96/67, pulse 86, respiratory rate 18, temperature 98 degrees. His weight is 136 lbs.

HEENT: Extraocular movements intact. No jaundice. No alopecia. Mouth clear. No sores.

NECK: Supple. No thyromegaly.

LUNGS: Significant for decreased breath sounds on both sides and scattered wheezes and crackles.

HEART: Regular. No murmurs.

Lawrence General Hospital

ALLEN, NORMAN G

MR#: 023152

ONCOLOGY REPORT

PHYSICAL EXAMINATION: (Continued)

ABDOMEN: Soft. Non-tender. The suprapubic catheter site does not appear infected or irritated. He has a well healed surgical scar. No organomegaly. Positive bowel sounds.

EXTREMITIES: No edema. No calf tenderness.

LABORATORY DATA:

White blood cell count 7.0, hematocrit 41.2%, MCV 94.6, platelet count 246,000, BUN 10, creatinine 0.7, sodium 140, potassium 4.2.

IMPRESSION:

Stage III (T3-N1) rectal cancer, undergoing chemotherapy and radiation. We plan to continue the treatments for now. I plan to have him back for follow up in three weeks when he will be completely done, hopefully, with the combined modality part of the protocol and we will recheck his electrolytes and blood counts. In any case, he knows to call should any problem develop again between now and then.

Pedro M. Sanz-Altamira, M.D.

20831 / ON / br

DD: 05/25/2000 13:02

TT: 05/26/2000 11:41

CC: David R. Farzan, M.D.

Thomas L. Fazio, M.D.

Liam J. Hurley, M.D.

Jonathan D. Mandell, M.D.

Astrid O. Peterson, M.D.

LAWRENCE GENERAL HOSPITAL
 1 GENERAL ST. P.O. BOX 189
 LAWRENCE, MA 01842-0389

Allen, Norman

DISCHARGE SUMMARY

PATIENT: ALLEN, NORMAN 023152 PEDRO M. SANZ-ALTAMIRA, M.D.

ADMIT: 04/24/2000 DISCH: 04/25/2000

The patient is a 52-year-old male who came for initiation of chemotherapy for his rectal cancer. He initially had rectal bleeding in the second half of 1999 and weight loss and had both dark as well as red blood with bowel movements which was intermittent. He underwent a rectal exam which was initially negative, a colonoscopy which showed a lesion 6-8 cm from the anal verge, and underwent biopsies which were positive for adenocarcinoma. He had a negative colonoscopy otherwise. A CT scan of the abdomen and pelvis was negative for metastatic disease to the liver and he underwent low anterior resection in December 1999. He had adenocarcinoma of the rectum that had infiltrated into the perirectal adipose tissue and it was identified less than 1 mm away from the inked serosal margin of excision. He had lymphatic invasion and one out of six lymph nodes was involved. He therefore has stage 3 (T3 N1 M0, G2 with very close margins) and has been receiving postoperative chemotherapy with 5-FU. He was now due to start a block of treatments where 5-FU is given as a continuous infusion for 35 days in a row with a pump and the help of a home infusion company. He will also have five weeks of radiation therapy Monday through Friday. He was started on chemotherapy yesterday, has tolerated it very well, and is now ready to be discharged home in a stable clinical condition to continue his chemotherapy there. I will follow him as an outpatient at the Oncology Clinic in about two weeks.

PROBLEM LIST:

1. Stage 3 rectal cancer, as above.
2. Seizure disorder, last episode 1 1/2 years ago.
3. History of rheumatic pains and fibromyalgia.
4. History of a benign lung tumor removed by thoracotomy ten years ago from the left side.
5. Urinary retention. He has a suprapubic catheter in place.

In any case, he will come to the clinic in two weeks and knows to call if there are any problems.

PEDRO M. SANZ-ALTAMIRA, M.D.

10828

DD: 04/25/2000

DT: 04/25/2000 11:14

Job#09543

ALLEN, NORMAN

023152

PEDRO M. SANZ-ALTAMIRA, M.D.

DISCHARGE SUMMARY - Page 2

cc: Astrid Peterson, M.D.
David Farzan, M.D.
Jonathan Mandell, M.D.
Santos Shetty, M.D.
Thomas Fazio, M.D.

248596

NAME: NORMAN ALLEN
DATE: 04/05/2002

DOB: 11/24/1947

MR# 031444

HISTORY OF PRESENT ILLNESS: He comes for follow-up of his rectal cancer. He initially had a T3 N1 M0 grade 2 invasive adenocarcinoma of the rectum. He had one positive node. He had surgery, postoperative 5-FU and radiation, with the standard regimen where the 5-FU is given as a continuous infusion and the radiation is given daily in the middle of the adjuvant treatments, and finished a year and a half ago. He was doing initially well. He did not come for follow-up six months ago and did not have staging studies at that point. He has been feeling very poorly lately, has lost about 15 pounds, has some abdominal discomfort, and has noticed some fullness or possible masses in the epigastric area. He has been recently seen by Dr. Farzan who sent him for laboratory studies and a CT scan of the abdomen and pelvis and he has been found to have lesions in the liver. He continues to smoke. He actually never quit.

PAST MEDICAL HISTORY:

1. Rectal cancer, as above.
2. Seizure disorder with the last episode three years ago.
3. Anxiety and alcoholism in the past.
4. COPD and smoking history.
5. Benign lung tumor removed 12 years ago.
6. Urinary retention, which required a suprapubic catheter for a number of months, resolved over a year ago.

REVIEW OF SYSTEMS: Negative now for mental changes, chest pains, palpitations, ophthalmology changes, or skin changes.

PHYSICAL EXAMINATION: Alert and oriented pleasant gentleman in no distress. His weight is 132 pounds, which is 10 pounds less on our scale. Blood pressure is 98/60.

Respiratory rate and pulse are normal. Mental status normal. Speech normal.

HEENT: Extraocular movements intact. No jaundice. Mouth clear. No sores.

NECK: Supple. No cervical, supraclavicular or axillary adenopathy.

LUNGS: Clear with decreased breath sounds on both sides; his baseline from the COPD.

HEART: Regular without murmurs.

ABDOMEN: Soft, but he has a fullness in the right upper quadrant and epigastric area.

EXTREMITIES: No edema. No calf tenderness.

LABORATORY DATA: Review of the CT scan at the Radiology Department actually does show significant liver involvement. This is totally consistent with metastatic disease from the rectal cancer. He has several lesions in both lobes.

CONTINUED:

PROGRESS NOTE

LAWRENCE GENERAL HOSPITAL
1 GENERAL ST. P.O. BOX 189
LAWRENCE, MA 01842-0389

DISCHARGE SUMMARY

4/25/00
248 596

PATIENT: ALLEN, NORMAN

023152 PEDRO M. SANZ-ALTAMIRA, M.D.

ADMIT: 04/24/2000 DISCH: 04/25/2000

The patient is a 52-year-old male who came for initiation of chemotherapy for his rectal cancer. He initially had rectal bleeding in the second half of 1999 and weight loss and had both dark as well as red blood with bowel movements which was intermittent. He underwent a rectal exam which was initially negative, a colonoscopy which showed a lesion 6-8 cm from the anal verge, and underwent biopsies which were positive for adenocarcinoma. He had a negative colonoscopy otherwise. A CT scan of the abdomen and pelvis was negative for metastatic disease to the liver and he underwent low anterior resection in December 1999. He had adenocarcinoma of the rectum that had infiltrated into the perirectal adipose tissue and it was identified less than 1 mm away from the inked serosal margin of excision. He had lymphatic invasion and one out of six lymph nodes was involved. He therefore has stage 3 (T3 N1 M0, G2 with very close margins) and has been receiving postoperative chemotherapy with 5-FU. He was now due to start a block of treatments where 5-FU is given as a continuous infusion for 35 days in a row with a pump and the help of a home infusion company. He will also have five weeks of radiation therapy Monday through Friday. He was started on chemotherapy yesterday, has tolerated it very well, and is now ready to be discharged home in a stable clinical condition to continue his chemotherapy there. I will follow him as an outpatient at the Oncology Clinic in about two weeks.

PROBLEM LIST:

1. Stage 3 rectal cancer, as above.
2. Seizure disorder, last episode 1 1/2 years ago.
3. History of rheumatic pains and fibromyalgia.
4. History of a benign lung tumor removed by thoracotomy ten years ago from the left side.
5. Urinary retention. He has a suprapubic catheter in place.

In any case, he will come to the clinic in two weeks and knows to call if there are any problems.

PEDRO M. SANZ-ALTAMIRA, M.D.

10828

DD: 04/25/2000

DT: 04/25/2000 11:14

Job#09543

ALLEN, NORMAN

023152

PEDRO M. SANZ-ALTAMIRA, M.D.

DISCHARGE SUMMARY - Page 2

cc: Astrid Peterson, M.D.
David Farzan, M.D.
Jonathan Mandell, M.D.
Santos Shetty, M.D.
Thomas Fazio, M.D.



1 General Street
PO Box 189
Lawrence, MA 01842-0389
(978) 946-8115
(978) 946-8169 Fax

ONCOLOGY REPORT

Dr. [Signature]

NAME: ALLEN, NORMAN G	DOB: 11/24/1947	MR#: 023152
REFERR: SANZ-ALTAMIRA, PE	SEX: M	ACCT#: 2583558
ADMIT: 05/25/2000	MSV: ONC	PT: B
	ROOM: / -	
	DISCH: 5/25/00	

CLINICAL HISTORY:

This is a fifty-two year old man with stage III rectal cancer undergoing post-operative chemotherapy and radiation. He became dehydrated following significant diarrhea with the combined radiation and chemotherapy treatment. We had to delay the chemotherapy and stop the radiation for a few days and he has been recently restarted. He is due to get two more weeks of the combined modality treatment and following that, he will have the last two cycles of 5FU chemotherapy. He continues to smoke heavily. The patient is now better than what he was two weeks ago.

PAST MEDICAL HISTORY:

1. Stage III rectal cancer, as above.
2. Seizure disorder; last episode 1999.
3. History of rheumatic pains and fibromyalgia.
4. Alcoholism in the past.
5. History of benign lung tumor removed ten years ago.
6. Anxiety.

REVIEW OF SYSTEMS:

Negative for mental changes, speech problems, shortness of breath or vomiting. He has a suprapubic catheter with urinary retention.

PHYSICAL EXAMINATION:

Alert and oriented, pleasant gentleman, in no distress. Mental status normal. Speech normal.

VITAL SIGNS: Normal with a blood pressure of 96/67, pulse 86, respiratory rate 18, temperature 98 degrees. His weight is 136 lbs.

HEENT: Extraocular movements intact. No jaundice. No alopecia. Mouth clear. No sores.

NECK: Supple. No thyromegaly. No cervical, supraclavicular, or axillary adenopathy.

LUNGS: Significant for decreased breath sounds on both sides and scattered wheezes and crackles.

HEART: Regular. No murmurs.

Lawrence General Hospital

ALLEN, NORMAN G

MR#: 023152

ONCOLOGY REPORT

PHYSICAL EXAMINATION: (Continued)

ABDOMEN: Soft. Non-tender. The suprapubic catheter site does not appear infected or irritated. He has a well healed surgical scar. No organomegaly. Positive bowel sounds.

EXTREMITIES: No edema. No calf tenderness.

LABORATORY DATA:

White blood cell count 7.0, hematocrit 41.2%, MCV 94.6, platelet count 246,000, BUN 10, creatinine 0.7, sodium 140, potassium 4.2.

IMPRESSION:

Stage III (T3-N1) rectal cancer, undergoing chemotherapy and radiation. We plan to continue the treatments for now. I plan to have him back for follow up in three weeks when he will be completely done, hopefully with the combined modality part of the protocol and we will recheck his electrolytes and blood counts. In any case, he knows to call should any problem develop again between now and then.

Pedro M. Sanz-Altamira, M.D.

20831 / ON / br

DD: 05/25/2000 13:02

TT: 05/26/2000 11:41

CC: David R. Farzan, M.D.

Thomas L. Fazio, M.D.

Liam J. Hurley, M.D.

Jonathan D. Mandell, M.D.

Astrid O. Peterson, M.D.

05/19/00 12:36:45

LGH HIS

Patient >

9705213218 LGH T th Info Sys. Page 883

248596



1 General Street
PO Box 188
Lawrence, MA 01842-0389
(978) 946-8115
(978) 946-8169 Fax

ONCOLOGY REPORT

NAME: ALLEN, NORMAN G

DOB: 11/24/1947 MR#: 023152

SEX: M ACCT#: 2580039

REFERR: SANZ-ALTAMIRA, PE

MSV: MED

ROOM: / -

PT: B

ADMIT: 05/18/2000

DISCH:

HISTORY OF PRESENT ILLNESS: The patient is a 52-year-old man with locally advanced rectal cancer, Stage 3 (T3 N1 M0) who is undergoing postoperative chemotherapy and radiation. He had too many problems with nausea, vomiting, diarrhea, abdominal cramps, dehydration and was feeling really bad and we held both the chemotherapy and the radiation for a number of days. He had no radiation Thursday and Friday last week which, added to the weekend, gave him four days off. I also stopped the chemotherapy for a week. He has been getting a little bit better now, the stools have been more formed, and essentially his symptoms are otherwise gone. He continues to smoke heavily.

REVIEW OF SYSTEMS: Negative for mental status changes, speech problems. He has a suprapubic catheter with urinary retention. He has no nausea or vomiting.

PAST MEDICAL HISTORY:

1. Stage 3 rectal cancer, as above.
2. Significant lower gastrointestinal toxicity from 5FU and radiation, as above.
3. Seizure disorder, last episode in 1999.
4. History of rheumatic pains and fibromyalgia.
5. Alcoholism in the past.
6. Significant anxieties.
7. History of benign lung tumor removed 10 years ago.

PHYSICAL EXAMINATION:

GENERAL: Alert and oriented, thin, pleasant gentleman in no distress.

WEIGHT: 134 pounds which is 3 less than last time he was here.

VITAL SIGNS: Blood pressure 115/73. Respiratory rate 16. Pulse 86.

MENTAL STATUS: Normal.

SPEECH: Normal.

HEENT: Extra-ocular movements intact. No jaundice. No alopecia. Mouth: Clear. No sores.

05/19/00 12:37:13

LBB HIS

artment->

9785213218 LBB f th Info Sys. Page 804

Lawrence General Hospital

ALLEN, NORMAN G

MR# 023152

ONCOLOGY REPORT**NECK:** Supple. No thyromegaly. No cervical, supraclavicular, axillary adenopathy.**LUNGS:** Clear bilaterally but he has decreased breath sounds on both sides which is baseline.**HEART:** Regular.**ABDOMEN:** Soft and nontender. The suprapubic catheter site does not appear infected or irritated. He has a well-healed surgical scar. No organomegaly. Hyperactive bowel sounds.**EXTREMITIES:** No edema. No calf tenderness.**LABORATORY STUDIES:** Sodium 138, potassium 4.2, creatinine 0.7, BUN 13, WBC 7.7, hematocrit 40.1%, MCV 91, platelet count 216,000. The differential is normal.**IMPRESSION:** Rectal cancer with significant toxicity from chemotherapy and radiation with now significant improvement in his symptoms after giving him some time off. I plan to restart the chemotherapy now. He will hopefully be able to complete the second half of the part of the treatment that involves combined modality radiation and chemotherapy. I will see him for follow-up in a week and re-check the electrolytes just in case. He will continue his daily radiation which is expected to be completed some time in the middle of June. He knows to call should any problem develop anyway.

Pedro M. Sanz-Altamira, M.D.

18141 / ON / kmm

DD: 05/18/2000 10:09

TT: 05/19/2000 12:22

CC: David R. Farzan, M.D.
Thomas L. Fazio, M.D.
Liam J. Hurley, M.D.
Jonathan D. Mandell, M.D.
Astrid O. Peterson, M.D.

X

84/14/00 13:22:19

LGH HIS I rtment→

9705213218 LG Health Info Sys. Page 003



**Lawrence
General
Hospital**

248596

1 General Street
PO Box 189
Lawrence, MA 01842-
(978) 946-8115
(978) 946-8169 Fax

HEMATOLOGY/ONCOLOGY CONSULTATION

NAME: ALLEN, NORMAN G

DOB: 11/24/1947 **MR#:** 023152

SEX: M **ACCT#:** 2562420

REFERR: MANDELL, JONATHAN

MSV: SUR

PT: S

ADMIT: 04/14/2000

ROOM: / -

DISCH:

DATE OF CONSULTATION: 04/13/00

Mr. Allen is a 52 -year-old gentleman with stage III rectal cancer undergoing postoperative chemotherapy as part of an overall plan of chemotherapy and radiation therapy. He had one out of six lymph nodes involved. He has gone through two cycles of 5-FU chemotherapy and is now due to get a porta cath to start a continuous infusion of 5-FU daily for 35 days as well as daily radiation therapy for the same period. The plan is to start these treatments towards the last week of April. He has been having weakness and difficulty sleeping but no pain or discomfort. He has had no GI toxicity. He still has a suprapubic catheter and has not been able to urinate appropriately yet.

REVIEW OF SYSTEMS: GU and GI as above. No mental changes, skin changes or other issues.

PAST HISTORY:

1. Stage 3 rectal cancer, T3 N1 M0 as above
2. Seizure disorder with the last episode one year ago
3. History of rheumatic pain and fibromyalgia
4. History of a benign lung tumor removed 10 years ago
5. History of alcoholism in the past
6. Suprapubic catheter for urinary retention

✓

PHYSICAL EXAMINATION: This is an alert, oriented, thin, pleasant gentleman in no distress. His weight is 137½ lbs. which is stable. BP is 112/70, respiratory rate and pulse are normal. Temperature is 99.0, height is 5' 11". Mental status is normal, speech is normal. EOMs intact. There is no jaundice. Mouth is clear. There are no sores. Neck is supple. There is no thyromegaly. There is no adenopathy in the cervical, supraclavicular or axillary areas. Lungs clear bilaterally. There are decreased sounds on both sides which are unchanged. There is a regular heart without murmurs. Abdomen is soft and nontender. There is a well-healed surgical scar. There is a suprapubic catheter in place. The catheter site is OK. There is no tenderness; no organomegaly. There are positive bowel sounds. Extremities have no edema.

04/14/00 13:22:51

LGH HIS R rtaent->

9705213218 LC health Info Sys. Page 884

Lawrence General Hospital

ALLEN, NORMAN G

MR#: 023152

CONSULTATION

LAB STUDIES: WBC 5.9, hematocrit 44%, platelet count 168; differential is unremarkable. Creatinine is 0.9, BUN 13, calcium 9, total protein 7, alkaline phosphatase 113, total bilirubin 0.3, AST 16, sodium 133, potassium 4.4.

IMPRESSION: Rectal cancer, stage 3, undergoing postoperative treatment. Will have him started on continuous infusion of 5-FU for 35 days in a row later in the month. Plan is to start on the 24th of April at dose of 225 mg per meter sq. daily which comes up to 400 mg total dose daily as a continuous infusion for 24 hours. This will be continued for 34 days and he will be receiving radiation for that same period of time. He will need a porta cath and I will consult Dr. Mandell or one of his associates to place it some time early next week so that he is ready for the Monday after. I will see him for follow-up in the clinic the first week of May.

ps

Pedro M. Sanz-Altamira, M.D.

5885 / CN / bjs
DD: 04/13/2000 09:30
TT: 04/14/2000 13:06

CC: David R. Farzan, M.D.
Jonathan D. Mandell, M.D.
Astrid O. Peterson, M.D.

ATTACHMENT C



STYLE OF
CASE :

IN RE:
ESTATE OF NORMAN ALLEN

PERTAIN TO : **Norman Allen**

FROM : **Pentucket Medical Associates (Medical Records)
(978) 521-3250**

DELIVER TO :
**Diane Cahalane
Lubin & Meyer, P.C.
100 City Hall Plaza
Boston, MA 02108**

CASE NO. :

COURT :

PMA
PENTUCKET MEDICAL
ASSOCIATES

Date: 10/22/04

Lubin & Noyer, P.C.
100 City Hall Plaza
Boston, MA 02108

Dear Sir/Madam:

We are in receipt of your request for medical information on:

Norman Allen DOB 11/24/47

- The information you requested is enclosed.
- The information requested is enclosed. This information may not be copied or transferred to anyone other than the recipient noted above.
- In order to comply with your request, a medical record release signed by the patient is required. Please send this release to my attention.
- It is the policy of this practice to require prepayment on all requests for medical records. We will be happy to comply with your request upon the receipt of \$_____.
- Your request cannot be processed because we have been unable to locate a health record on this patient. Please contact us if you are still interested in obtaining this information.
- Your request cannot be processed because the authorization for release of information is not valid. Please ask the patient to contact us.
- Your request cannot be processed because the patient has denied the disclosure of medical information.
- Your request cannot be processed as the patient is deceased. We require a court-attested copy of the appointment of Executor or Administrator before we comply with this request.
- Other: _____

If you have any questions, please call me at 537-8816.

Sincerely,

Yvonne
 Correspondence Secretary
 Medical Records Department
 Pentucket Medical Associates
 4/03/03



Partners Community HealthCare, Inc.

COLLABORATION, INNOVATION — EXCELLENCE

A member of Partners HealthCare System, Inc., PCHI is a network of physicians and hospitals founded by Massachusetts General Hospital and Brigham and Women's Hospital

P.I.A. Deceased Patient Form

Complete as much information as possible.

Patient's Name: Norman Allen

DOB: 1124-47

DOD: 5-18-02

Address: 27 Bouque Dr Lawrence Mass

SS #: 005-46-4086

PCP: Dr. Stajan

Account # / Chart #: P-320899

2485-9b

Completed By: KM, PW

Source Info:

1. Newspaper
2. Physician
3. Hospital/Nursing Home
4. Coding Staff/Business Office
5. Phone call from family or friend

Hospice nurse

Pink - Nurses' copy

Yellow - Chart Room

White - Patient Accounts

NAME: Norman Allen
 DATE: 9/27/99 CHART #: 248596
 PCP: JF DOB:
 WT: 152 lbs BP: 102/72 T: P R
 ALLERGIES: NICDT
 MEDS: npc
See profile.

M Soc: soc 12-4/12, at 30 years
 Fam: DM OCM - Father had diabetes
 MI: Father -60s CVI

Pts: Rectal Bleeding
 History: CVI
 Effort: 75-150 ml

09/27/1999
NORMAN ALLEN
CHART #248596

Medications, allergies and vital signs are reviewed.

The patient comes in for a physical examination.

PAST MEDICAL HISTORY:

1. Seizure disorder.
2. Chronic back and neck pain.
3. Question if fibromyalgia.

PAST SURGICAL HISTORY:

1. Inguinal hernia.
2. Lung tumor, benign, removed in 1989.

MEDICATIONS:

1. SALSALATE 750 mg, two tablets p.o. b.i.d.
2. AMBIEN 10 mg p.o. q.h.s.
3. EFFEXOR 75 mg p.o. q.d.
4. AMITRIPTYLINE 10 mg p.o. q.h.s.
5. ULTRAM 50 mg p.o. q 6 hours.
6. DILANTIN 100 mg, five p.o. q.d.
7. NEURONTIN 300 mg, one p.o. b.i.d. He is followed by a neurologist.

ALLERGIES: No known allergies
 CONTINUED:

09/27/1999
NORMAN ALLEN
 CHART #248596

CONTINUED:

248596

SOCIAL HISTORY: The patient smokes 3-4 packs a day. He quit drinking heavily two years ago.

FAMILY HISTORY: Positive for rectal cancer in father. Myocardial infarction in father in his 60's. Negative for cerebrovascular accident or diabetes mellitus.

REVIEW OF SYSTEMS: CARDIAC: The patient denies chest pain, diaphoresis, dyspnea on exertion, paroxysmal nocturnal dyspnea, peripheral edema or orthopnea. GI: The patient denies nausea, vomiting, diarrhea, abdominal pain, irregularities of stool, hematochezia, melena or any other gastrointestinal symptoms. GU: The patient denies dysuria, hematuria, frequency, nocturia or any other difficulty with bladder function. NEUROLOGIC: The patient denies numbness, weakness, difficulty with gait or balance, vision and has no radicular symptoms. PULMONARY: Patient denies shortness of breath, cough, wheezing, congestion or any other pulmonary symptoms. ENDOCRINE: Patient denies polydipsia, polyuria, weight gain, weight loss, increase or decrease in activity or fatigue.

O: HEENT: Scalp negative. Ears—Tympanic membranes and canals unremarkable. Eyes—Conjunctivae and eyelids unremarkable. Funduscopy normal. Mouth, tongue, pharynx and buccal mucosa normal. NECK: Supple without tenderness, masses or adenopathy. CHEST: Chest wall unremarkable. Lungs clear to auscultation and percussion. No rales or adventitial lung sounds. Breath sounds normal in all areas. HEART: Normal size, shape and position with no gallops, rubs or murmurs. Regular sinus rhythm. ABDOMEN: Soft, bowel sounds positive. No tenderness, masses or organomegaly. No hernias or distention. Percussion normal. EXTREM: Symmetrical function. Hands unremarkable. Nail beds normal. Pulses good in hands and feet. No trophic changes. SPINE: Straight without deformity or tenderness. NEURO: Cranial nerves, gait and balance normal. No pathologic reflexes. Strength and sensation normal. Deep tendon reflexes symmetrical, oriented x3. Cranial nerves II-XII intact. Rectal with normal size prostate without nodules. No masses are noted. Hemoccult negative.

A&P:

1. Family history of rectal cancer and a history of hematochezia. He has had hemorrhoids in the past, but at this point I have sent him to Gastroenterology for a barium and he probably will need a colonoscopy.
2. Seizure disorder. He has been seizure-free for some time. It is possible this could be related to his alcohol use, but we he will continue to follow with the neurologist.
3. Chronic back and neck pain. He says that some doctors think that he is depressed. He does note anhedonia and some spontaneous crying. At this point, I have increased his EFFEXOR from 75 mg to 150 mg. I will see him back in three weeks' time to see if this has made an effect.

[Signature]
 David Farzan, M.D.

DF/tc1

D: 09/27/1999
 T: 09/30/1999

12-14-99 T.C. needs med for fecal occult blood test. No to 12-14-99. D/F

128
MICHAEL A. GIORGETTI, MD

DEA No. _____
PENTUCKET MEDICAL ASSOCIATES
North Andover Office Park
203 Turnpike Street North Andover, MA 01845

Tel. (978) 557-8800

Reg. # 1124147
Date 2-22-02

Name Warren Allen

Address _____

Rx

Hypotentin 20mg
1 po BID

60
(Sixty)

Refills No ref

M.D.

AG 308983 Interchange is mandated unless the practitioner
writes the words "no substitution" in this space.

SHOPPING LIST

DR Farzan
Norman is in
Terrible pain - Back
Neck whole body, Sleeps
only 3-4 hrs a night
Pain wakes him up
Eats 1 meal a day.
Please CR his stitches out
on stomach, also needs
new prescription for Dilantin
his wife Ruth

Thomas L. Fazio, M.D.

DATE: 10/4/99
 WT: 150
 BP: 110/70 AGE 51
 REASON FOR VISIT

ALLERGIES: nka

CONSULT
 FROM: Dr Farzan
 RE: blood in stool

Norman Allen
 11/24/47
 978 7255227

Colon 198 10/20, Fleet phosphosoda
 prep info given to pt.

MEDICATIONS: Delantin
 Almontin
 Amitriptyline
 Ambien

V16.0
6/28.9

more meds. - doesn't know names
 Effexor
 ULTRAN
 Selnti

10/04/1999

NORMAN ALLEN

This is a 51-year-old male that Dr. Farzan has asked me to see in consultation. He has noticed over the last 4 months small amounts of blood per rectum, often times associated with frequent bowel movements and relieved with Preparation H. Has recently had a problem with a feeling of incomplete bowel movement with some alternating diarrhea and constipation and some lower abdominal cramps. Denies any nausea or vomiting. Medications: As above. Allergies: As above. Smokes 2 to 4 packs of cigarettes per day. Alcohol: Negative. Weight: May be down about 10 lb.

PMH: Positive for seizures, question fibromyalgia. Used to see Dr. Kelly at Greater Lawrence Family Health Center, back and legs pains and benign lung tumor years ago.

FH: Positive for father with rectal cancer diagnosed in his 50s.

ROS: Positive for trouble sleeping, otherwise negative except for above.

PHYSICAL EXAMINATION: This is a 51-year-old well-developed, well-nourished male who is alert, cooperative, in NAD. Lungs: Clear to P&A. Heart: S1, S2 WNL; no thrills, rubs, gallops or murmurs. Abdomen: Soft, nontender without palpable masses; bowel sounds normal with no bruits.

IMPRESSION:

1. Hematochezia with family history of colonic neoplasia.
2. History of seizure disorder.

CONTINUED:

10/04/1999
NORMAN ALLEN
PAGE 2

SUGGESTION: Will proceed with colonoscopy. Discussed risks, benefits, consequences and alternatives to the procedure and medications. Will get the lab that Dr. Farzan has done.

(P.C.)
Thomas L. Fazio, M.D.

TLF/STAT:bs
D: 10/04/99
T: 10/06/99

CC: Dr. Farzan

CLINIC
PMA-NORTH ANDOVER
DR. FARZAN, DAVID
203 TURNPIKE ST.
N.ANDOVER, MA 01845
3642

AGE: 54 DATE OF BIRTH: 11/24/1947 SEX: M

PATIENT
ALLEN, NORMAN
27 BOURQUE ST
LAWRENCE, MA 01843
PHONE #: 603-382-3119

ACCESSION#	T3117766	DATE COLLECTED	04/04/2002 10:26AM	REPORT STATUS	** FINAL **	REPORT DATE	04/04/2002 3:31PM	PATIENT ID	P320899 5395317
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Unless otherwise noted, test performed at Pentucket Med. Assoc. One Parkway Haverhill, MA, 01830, CLIA Number: 22D0071593. George F. Kwass, MD, Medical Director.

Tests

Results

Reference Values

CBC with Differential

White Blood Count	7.6	x1000/uL	4.5-11.0
Red Blood Cell Count	5.28	mil/uL	4.4-5.9
Hemoglobin	16.1	g/dL	13.5-17.5
Hematocrit	48.2	%	41.0-53.0
MCV	91	fL	80-100
MCH	31	pg	26-34
MCHC	34	g/dL	31-37
Platelet Count	282	x1000/uL	130-400
Neutrophils	67	%	45-70
Lymphocytes	22	%	20-44
Monocytes	8	%	2-12
Eosinophils	2	%	0-4
Basophils	1	%	0-2
Neutrophils (#)	5.1	x1000/uL	1.8-7.0
Lymphocytes (#)	1.7	x1000/uL	1.0-4.0
Monocytes (#)	0.6	x1000/uL	0-0.8
Eosinophils (#)	0.2	x1000/uL	0-0.45
Basophils (#)	0.1	x1000/uL	0-0.20
RBC Morphology	NORM		

Hepatic Function Panel

Total Protein	7.2	g/dL	6.2-8.3
Albumin	4.2	g/dL	3.4-5.2
Bilirubin, Total	0.3	mg/dL	0.0-1.4
Bilirubin, Direct	0.1	mg/dL	0.0-0.3
Alkaline Phosphatase	174	U/L	0-125
SGPT (ALT)	38	U/L	0-50
SGOT (AST)	32	U/L	0-45

*** FINAL REPORT FOR: ALLEN, NORMAN (T3117766) ***

248596

PMA-NORTH ANDOVER DR. FARZAN, DAVID 203 TURNPIKE ST. N.ANDOVER, MA 01845 3642	BORN DATE OF BIRTH 53, 11/24/1947	SEX M	PATIENT ALLEN, NORMAN 27 BOURQUE ST LAWRENCE, MA 01843 PHONE #: 603-382-3119
ADMISSION R6385656	DATE COLLECTED 10/16/2001 10:15AM	TESTING STATUS ** FINAL **	REPORT DATE 10/16/2001 3:31PM
			PATIENT ID P320899 4403618

Tests	Results	Reference Values
Dilantin	8.4	L ug/mL 10-20

CBC with Differential

White Blood Count	6.2	x1000/uL	4.5-11.0
Red Blood Cell Count	4.82	mil/uL	4.4-5.9
Hemoglobin	15.5	g/dL	13.5-17.5
Hematocrit	43.5	%	41.0-53.0
MCV	90	fL	80-100
MCH	32	pg	26-34
MCHC	36	g/dL	31-37
Platelet Count	242	x1000/uL	130-400
Neutrophils	66	%	45-70
Lymphocytes	22	%	20-44
Monocytes	9	%	2-12
Eosinophils	2	%	0-4
Basophils	1	%	0-2
Neutrophils (#)	4.1	x1000/uL	1.8-7.0
Lymphocytes (#)	1.4	x1000/uL	1.0-4.0
Monocytes (#)	0.6	x1000/uL	0-0.8
Eosinophils (#)	0.1	x1000/uL	0-0.45
Basophils (#)	0.1	x1000/uL	0-0.20
RBC Morphology	NORM		

*** FINAL REPORT FOR: ALLEN, NORMAN (R6385656) ***

Dawn at P.M.

PATIENT
PMA-NORTH ANDOVER
DR. FARZAN, DAVID
203 TURNPIKE ST.
N. ANDOVER, MA 01845
3642

PATIENT
DATE OF BIRTH
52, 11/24/1947
SEX
M

PATIENT
ALLEN, NORMAN
PHONE #: 978-~~525-5227~~
Answered

ACCESSION 06808514	DATE COLLECTED 10/30/2000 11:17AM	REPORT STATUS ** FINAL **	REPORT DATE 10/30/2000 3:32PM	PATIENT ID P320899 3479859
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Tests	Results	Reference Values
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Unless otherwise noted, test performed at Pentucket Med. Assoc. Inc. Haverhill, MA.
CLIA Number: 22D0071593. George F. Kwass, MD, Medical Director.

*** COMMENT ***
3HR PC

WNL

CBC with Differential

White Blood Count	6.9	x1000/uL	4.5-11.0
Red Blood Cell Count	4.56	mil/uL	4.4-5.9
Hemoglobin	14.8	g/dL	13.5-17.5
Hematocrit	42.7	%	41.0-53.0
MCV	94	fL	80-100
MCH	33	pg	26-34
MCHC	35	g/dL	31-37
Platelet Count	242	x1000/uL	130-400
Neutrophils	71	%	45-70
Lymphocytes	15	L	20-44
Monocytes	10	%	2-12
Eosinophils	2	%	0-4
Basophils	2	%	0-2
Neutrophils (#)	4.9	x1000/uL	1.8-7.0
Lymphocytes (#)	1.0	x1000/uL	1.0-4.0
Monocytes (#)	0.7	x1000/uL	0-0.8
Eosinophils (#)	0.1	x1000/uL	0-0.45
Basophils (#)	0.1	x1000/uL	0-0.20
RBC Morphology	NORM		

Dilantin 5.1 L ug/mL 10-20

*** FINAL REPORT FOR: ALLEN, NORMAN (06808514) ***

No Seizure
at the point
PC

No Nocturnal
or daytime fits
will occur at night

PC

PATIENT

PMA-NORTH ANDOVER
DR. FARZAN, DAVID
203 TURNPIKE ST.
N. ANDOVER, MA 01845

3642

248596

PATIENT

ALLEN, NORMAN
PHONE #: 978-725-5227

TEST DATE OF REPORT	52, 11/24/1947	SEX	M
ACCESSION	N3038297	REPORT STATUS	** FINAL **
DATE COLLECTED	05/09/2000 10:41AM	REPORT DATE	05/09/2000 3:31PM
			P320899 2556355

Tests**Results****Reference Values**

Unless otherwise noted, test performed at Pentucket Med. Assoc. Inc. Haverhill, MA.
CLIA Number: 22D0071593

Dilantin	10.9	ug/mL	10-20
Hepatic Function Panel			
Total Protein	7.0	g/dL	6.2-8.3
Albumin	4.5	g/dL	3.4-5.2
Bilirubin, Total	0.2	mg/dL	0.0-1.4
Bilirubin, Direct	0.1	mg/dL	0.0-0.3
Alkaline Phosphatase	118	U/L	0-125
SGPT (ALT)	12	U/L	0-50
SGOT (AST)	17	U/L	0-45

*** FINAL REPORT FOR: ALLEN, NORMAN (N3038297) ***

L

CLIENT		PATIENT	
PMA-NORTH ANDOVER DR. FARZAN, DAVID 203 TURNPIKE ST. N. ANDOVER, MA 01845		ALLEN, NORMAN PHONE #: 978-725-5227	
3642		AGE / DATE OF BIRTH	SEX
		52, 11/24/1947	M
ACCESSION	DATE COLLECTED	REPORT STATUS	REPORT NUMBER
M3953351	01/24/2000 10:12AM**	FINAL **1:55PM2537595	P320899

Tests**Results****Reference Values**

Unless otherwise noted, test performed at Pentucket Med. Assoc. Inc. Haverhill, MA.

CLIA Number: 22D0071593

***** COMMENT *****

PRE=OP 2/11/00 DR.HURLEY,LIAM LGH

Electrolytes

Sodium	140	<i>mEq/L</i>	134-146
Potassium	4.6	<i>mEq/L</i>	3.5-5.3
Chloride, Serum	101	<i>mEq/L</i>	96-110
Carbon Dioxide	29	<i>mEq/L</i>	21-31

CBC with Differential

White Blood Count	8.1	<i>x1000/uL</i>	3.8-11.0
Red Blood Cell Count	5.03	<i>mil/uL</i>	4.4-5.9
Hemoglobin	15.0	<i>g/dL</i>	13.0-18.0
Hematocrit	45.6	<i>%</i>	40-52
MCV	91	<i>fL</i>	80-99
MCH	30	<i>pg</i>	26-34
MCHC	33	<i>g/dL</i>	32-36
Platelet Count	237	<i>x1000/uL</i>	130-400
Neutrophils	52	<i>%</i>	45-70
Lymphocytes	37	<i>%</i>	20-44
Monocytes	7	<i>%</i>	2-12
Eosinophils	2	<i>%</i>	0-4
Basophils	2	<i>%</i>	0-2
Neutrophils (#)	4.2	<i>x1000/uL</i>	1.8-7.0
Lymphocytes (#)	3.0	<i>x1000/uL</i>	1.0-4.0
Monocytes (#)	0.6	<i>x1000/uL</i>	0-0.8
Eosinophils (#)	0.2	<i>x1000/uL</i>	0-0.45
Basophils (#)	0.2	<i>x1000/uL</i>	0-0.20
RBC Morphology	NORM		

Glucose

83 *mg/dL* Fasting: 65-109

PT

11.8 *sec* 10.8-12.8

INR

1.0

General Prophylaxis: 2.0-3.0
Mechanical Prosthetic Valve: 3.0-4.5

PTT(Part Throm Time)

32.0 *sec* 25.0-35.0

*** FINAL REPORT FOR: ALLEN, NORMAN (M3953351) ***

PATIENT
PMA-NORTH ANDOVER
DR. FARZAN, DAVID
203 TURNPIKE ST.
N. ANDOVER, MA 01845
3642

AGE	DATE OF BIRTH	SEX
52	11/24/1947	M

PATIENT
ALLEN, NORMAN
PHONE #: 978-725-5227

ACCESSION	DATE COLLECTED	REPORT STATUS	REPORT DATE	PATIENT ID
M3033601	01/10/2000 10:20AM**	FINAL **3:32PM2535142	01/10/2000	P320899

Tests**Results****Reference Values**

Unless otherwise noted, test performed at Pentucket Med. Assoc. Inc. Haverhill, MA.
 CLIA Number: 22D0071593

Dilantin 10.2 ug/mL 10-20

*** FINAL REPORT FOR: ALLEN, NORMAN (M3033601) ***

22

PATIENT
PMA-NORTH ANDOVER
DR. WILLIAMVALE, JANE
203 TURNPIKE ST.
N.ANDOVER, MA 01845
3642

51, 11/24/1947 M

248594

PATIENT
ALLEN, NORMAN
PHONE #: 978-725-5227

RECEIVED
L7504225

DATE ISSUED
10/29/1999
7:50AM** FINAL **3:31PM112702

REPORT STATUS
10/29/1999

REPORT DATE
10/29/1999

REPORT ID
P320899
Lab/Test Reviewed

MD Initials Date

None Patient:
Yes _____ No _____

Tests **Results** **Reference Values**

Unless otherwise noted, test performed at Pentucket Med. Assoc. Inc. Haverhill, MA.
CLIA Number: 22D0071593

*** COMMENT ***
Send Copy to: DR MANDELL

Letter Sent:

Initials

Date

DA

11/3/99

Electrolytes

Sodium	139	mEq/L	134-146
Potassium	3.9	mEq/L	3.5-5.3
Chloride, Serum	100	mEq/L	96-110
Carbon Dioxide	28	mEq/L	21-31

CBC with Differential

White Blood Count	11.3	H	x1000/uL	3.8-11.0
Red Blood Cell Count	4.64	mil/uL	4.4-5.9	
Hemoglobin	14.6	g/dL	13.0-18.0	
Hematocrit	41.5	%	40-52	
MCV	89	fL	80-99	
MCH	32	pg	26-34	
MCHC	35	g/dL	32-36	
Platelet Count	200	x1000/uL	130-400	
Neutrophils	79	H	%	45-70
Lymphocytes	15	L	%	20-44
Monocytes	5	%	2-12	
Eosinophils	0	%	0-4	
Basophils	1	%	0-2	
Neutrophils (#)	8.9	H	x1000/uL	1.8-7.0
Lymphocytes (#)	1.7	x1000/uL	1.0-4.0	
Monocytes (#)	0.6	x1000/uL	0-0.8	
Basophils (#)	0.1	x1000/uL	0-0.20	
RBC Morphology	NORM			

CEA 3.5 ng/mL 0-5.0

PT 11.8 sec 10.8-12.8
INR 1.0

General Prophylaxis: 2.0-3.0
Mechanical Prosthetic Valve: 3.0-4.5

PTT(Part Throm Time) 32.7 sec 25.0-35.0

*** FINAL REPORT FOR: ALLEN, NORMAN (L7504225) ***

Dr. Farzan

RECEIVING CLINIC	PMA-NORTH ANDOVER
DR.	FARZAN, DAVID
ADDRESS	203 TURNPIKE ST.
ZIP	N. ANDOVER, MA 01845
3642	

PATIENT

ALLEN, NORMAN
PHONE #: 978-725-5227

AGE, DATE OF BIRTH	51, 11/24/1947
SEX	M

REGISTRATION	DATE COM	REPORT STATUS	REPORT DATE
L6072577	09/27/1999 10:11AM	** FINAL **	10/05/1999 9:41AM

PATIENT ID	P320899 103413
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Tests Results Reference Values

Unless otherwise noted, test performed at Pentucket Med. Assoc. Inc. Haverhill, MA.
 CLIA Number: 22D0071593

CBC with Differential

White Blood Count	9.5	x1000/uL	3.8-11.0
Red Blood Cell Count	5.01	mil/uL	4.4-5.9
Hemoglobin	15.7	g/dL	13.0-18.0
Hematocrit	44.9	%	40-52
MCV	90	fL	80-99
MCH	31	pg	26-34
MCHC	35	g/dL	32-36
Platelet Count	215	x1000/uL	130-400
Neutrophils	66	%	45-70
Lymphocytes	26	%	20-44
Monocytes	6	%	2-12
Eosinophils	1	%	0-4
Basophils	1	%	0-2
Neutrophils (#)	6.3	x1000/uL	1.8-7.0
Lymphocytes (#)	2.5	x1000/uL	1.0-4.0
Monocytes (#)	0.6	x1000/uL	0-0.8
Eosinophils (#)	0.1	x1000/uL	0-0.45
Basophils (#)	0.1	x1000/uL	0-0.20
RBC Morphology	NORM		

Cardiac Risk/Lipid Profile

Cholesterol, Total	269	H	mg/dL	<200
Triglycerides	81		mg/dL	Fasting: <200
Cholesterol, HDL (Direct)	48		mg/dL	>35
Cholesterol, LDL (Calculated)	205		mg/dL	
	Without CHD	<2 risk factors	<160 mg/dL	

Without CHD 2 or more <130 mg/dL

With CHD <100 mg/dL

Chol/HDL Ratio	5.6	H	<4.97
LDL/HDL Ratio	4.3	H	<3.55

Prostate Specific Antigen 0.3 ng/mL 0-4.0

Glucose 89 mg/dL Fasting: 65-109

CUSTOMER

PMA-NORTH ANDOVER
DR. FARZAN, DAVID
203 TURNPIKE ST.
N. ANDOVER, MA 01845

3642

PATIENT

ALLEN, NORMAN
PHONE #: 978-725-5227

ACCT. DATE 678 REPORT DATE
51.11/24/1947 M

ACCESSION L6072577	DATE COMD 09/27/1999 10:11AM**	REPORT STATUS FINAL **0:08AM1034	REPORT DATE 09/28/1999 13	REF ID P320899
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Tests	Results	Reference Values
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Unless otherwise noted, test performed at Pentucket Med. Assoc. Inc. Haverhill, MA.
CLIA Number: 22D0071593

CBC with Differential

White Blood Count	9.5	x1000/uL	3.8-11.0
Red Blood Cell Count	5.01	mil/uL	4.4-5.9
Hemoglobin	15.7	g/dL	13.0-18.0
Hematocrit	44.9	%	40-52
MCV	90	fL	80-99
MCH	31	pg	26-34
MCHC	35	g/dL	32-36
Platelet Count	215	x1000/uL	130-400
Neutrophils	66	%	45-70
Lymphocytes	26	%	20-44
Monocytes	6	%	2-12
Eosinophils	1	%	0-4
Basophils	1	%	0-2
Neutrophils (#)	6.3	x1000/uL	1.8-7.0
Lymphocytes (#)	2.5	x1000/uL	1.0-4.0
Monocytes (#)	0.6	x1000/uL	0-0.8
Eosinophils (#)	0.1	x1000/uL	0-0.45
Basophils (#)	0.1	x1000/uL	0-0.20
RBC Morphology	NORM		

Cardiac Risk/Lipid Profile

Cholesterol, Total	269	mg/dL	<200
Triglycerides	81	mg/dL	Fasting: <200
Cholesterol, HDL (Direct)	48	mg/dL	>35
Cholesterol, LDL (Calculated)	205	mg/dL	<160 mg/dL

Without CHD <2 risk factors

<130 mg/dL

Without CHD 2 or more

<130 mg/dL

With CHD

<100 mg/dL

Chol/HDL Ratio	5.6	H	<4.97
LDL/HDL Ratio	4.3	H	<3.55

Lab/Test Reviewed

Prostate Specific Antigen

0.3 ng/mL 0-4.0 Initials

Date

Glucose

89 mg/dL Fasting: Yes _____ No _____

10/13

*** FINAL REPORT FOR: ALLEN, NORMAN (L6072577) *** Letter Sent:

10/13
10/13
Date

12/17/99 12:50:48 LGH HIS *partment->* 978 521 3233 L Health Info Svcs. Page 801

To:	Pentucket	From:	LGH Health Info Svcs.
Fax Number:	95565744	Subject:	765*CN*347796
Date:	12/17/1999	Pages:	5
Time:	12:43:16 PM		

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(978) 946-8115

all Pentucketay,Gemis,Mandell,Twomey,Walker

NAME: Norman Allen
DATE: 10-00 CHART#: 248596
PCP: JC DOB: 11-24-47
WT: BP 98/64 T P R
ALLERGIES: NKDA
MEDS: - See list & Refcoat

Personal

Cancer: Melan

Chemo Sanz

Urinary retention

Hurley

Dr Sanz
Dobutrex 700
5/22

Seizure
Not strong
Dr. Sanz

Dr Sanz
Dobutrex or Mylan
My Sanz

01/10/2000
NORMAN ALLEN
CHART #

Medications, allergies and vital signs are reviewed.

The patient comes in for a follow-up.

ROS: Cardiac, pulmonary and gastrointestinal otherwise within normal limits.

O: HEENT exam shows pupils equal, round and reactive to light, extraocular movements are intact. Heart: Regular rate and rhythm. Lungs: Clear to auscultation bilaterally. Abdomen: Abdominal scar is slightly tender. Soft. Bowel sounds are positive. No hepatosplenomegaly. Extremities showed no peripheral edema.

A&P:

1. Urinary retention. He continues to see Dr. Hurley for this and will continue to follow with him. They are unsure why he has had this problem still post surgery, but it may be related to the surgery.
2. Colon cancer. He has an appointment with Dr. Sanz and a referral is made for this. We will continue to follow him. I have asked him to discontinue his pain medications, which apparently he is taking to help him to sleep.

CONTINUED:

01/10/2000
NORMAN ALLEN
CHART #

CONTINUED:

3. Insomnia. He has a history of heavy alcoholism, which obviously is a factor. AMBIEN didn't help him, so we will try SONATA 10 mg p.o. q.d. I have asked him to stop his PERCOCET, as this may be aggravating him. It has been going on for approximately two years.
4. Depression. He has discontinued his EFFEXOR and AMITRIPTYLINE because they do not do anything for him.
5. Seizure disorder. He discontinued his NEURONTIN on his own, but he has not had a seizure for several years. He is on DILANTIN 100 mg tablets, five daily, so we will check a DILANTIN level on him. I have advised him not to drive particularly as he has discontinued his NEURONTIN. He absolutely refuses to take it because he does not trust the doctors who put him on it and the diagnosis did sound somewhat dubious.
6. Status-post colon resection. He has a follow-up appointment with Dr. Mandell. He seems to be doing well. I will see him back if I can be of help.


David Fawzan, M.D.

DF/STAT/tc
D: 01/10/2000
T: 01/13/2000

Moraine Area

1-25-00 T.C. rec'd # for rad: therapy given M.H.
with # X 30 visits per day & 20N.

Moraine Area

1-25-00 REC'D 248596

11-24-97

PP 100/70

PP 100/70

Melanita
bonata

prep Dr Hartley Date of
judge 2/6/00

PRE-20

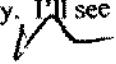
248596
D

01/24/2000
NORMAN ALLEN
CHART # 248596

Medications, allergies, and vital signs are reviewed.

The patient comes in for a pre-op physical.

O: HEENT, heart, lungs, abdomen, and extremities found to be within normal limits. See separate pre op blood work and EKG and chest x-ray as per recommendation of Dr. Hurley. I'll see him back if I can be of help.


David Farzan, M.D.

DF/tc/r
D: 01/24/00
T: 01/25/00

NAME: Norman Allen
DATE: 4/5/2000 CHART #: 248596
POP: DF DOB: 11/24/47
WT: 180 lbs T P R
ALLERGIES: nka
MEDS: Dilantin 250 mg #3
Diazepam 10 mg
? Baclofen clozapine attacks
anxiety insomnia
depression

04/05/2000
NORMAN ALLEN
CHART # 248596

Medications, allergies, and vital signs are reviewed.

The patient comes in for anhedonia, insomnia, and anxiety attacks. It's been going on for months.

ROS: Cardiac, pulmonary, and GI otherwise within normal limits.

O: HEENT exam shows PERRL, EOMI. Heart: Regular rate and rhythm. Lungs: Clear to auscultation bilaterally. Abdomen: Soft. Bowel sounds are positive. No hepatosplenomegaly. Extremities showed no peripheral edema.

A: Insomnia/anxiety/depression.

P: Paxil, 20 mg p.o. q.d. Follow up in 3 weeks time.



David Farzan, M.D.

DF/tc/tr

D: 04/05/00

T: 04/06/00

N.15.00 received sealed from the handles of. Dilantin level 23.7
by dayan aadee 8/19/05

NAME: *Norman Allen*
DATE: 4-26-00 CHART #: 248596
FOP: DF DOB: 11/24/47
WT: SP T P R
ALLERGIES:
MEDS:

Do Shaw

NAME: Norman Allen
DATE: 5/9/00 CHART# 248596
PCP: JF DOB: 11/24/47
WT: 189 lbs T P R
ALLERGIES: Paxil
MEDS:

See profile.

Flu insomnia 1^o of sleep
X 3 days, forgetful, ataxia
level 1

Insom. Serum 400
Olate + Mandell
a/celox
a/c pox - Paximale

In Stone
in blood
paxil tkoz
Trazodone 50mg

5/09/2000
NORMAN ALLEN
248596

Medications, allergies and vital signs are reviewed.

Patient comes in for multiple problems.

ROS: Cardiac, pulmonary, and GI otherwise within normal limits.

O: HEENT exam shows PERRL, EOMI. Heart: Regular rate and rhythm. Lungs: Clear to auscultation bilaterally. Abdomen: Soft. Bowel sounds are positive. No hepatosplenomegaly. Extremities showed no peripheral edema.

A&P: 1. Insomnia. He notes generalized insomnia with difficulty falling asleep. He has Valium, which does not do him any good. **He stopped Paxil because he is allergic to it.** He thought Celebrex was a sleeping pill, which he says does not work for this. At this point, I have trazodone 50 mg p.o. q.d.
2. Elevated Dilantin level and seizure disorder. He saw Dr. Mandell, who told him his dilantin level was a little bit high. He notes some ataxia. He decreased his Dilantin from 500 mg a day to 400 mg a day, but the ataxia has not resolved. We will check a Dilantin level on him.

CONTINUED

5/09/2000
NORMAN ALLEN
248596
Page 2

3. Ataxia. He has had a history of cancer, so I have done an MRI on his head to make sure there are no abnormalities there.
4. Stone in bladder. Dr. Hurley cannot seem to remove his catheter because the stone is adherent to it, so he is going to continue to follow with Dr. Hurley.
5. Status post colon cancer. He continues to follow with his oncologist.
6. Chronic neck and back pain. He cannot take Celebrex, so I have recommended no particular medication for this, but talked to him at length about this as well as physical therapy exercises.


David Farzan, M.D.

DF/kj
D: 5/09/2000
T: 5/12/2000

5-22-00 PCC approval # given for LCH Pain Clinic
Dr. Farzan's oncology X6 visits DF/KJ/kb

NAME: Norman Allen
 DATE: 7/3/00 CHART#: 248596
 PCP: SF DOB: 11-24-41
 WT: 87 BP 92/62 T P R
 ALLERGIES: Partic
 MEDS: See sheet

248596

A
OK TO talk

Troubles

Trazodone - 50 - 100

Bladder Stone

Ataxia: resolved - MRI done
 No Cath in Chest
 No Cath in Chest - Status Quo

7/03/2000
 NORMAN ALLEN
 248596

Medications, allergies and vital signs are reviewed.

Patient comes in for a follow-up. He notes that he has severe trouble sleeping. He also says his bladder stone is improving. His ataxia is improving as well. He could not get the MRI that was ordered because of the catheter in his chest. He is doing better on lower doses of Dilantin from the ataxia. He also continues to follow-up for a seizure disorder.

ROS: Cardiac, pulmonary, and GI otherwise within normal limits.

O: HEENT exam shows PERRL, EOMI. Heart: Regular rate and rhythm. Lungs: Clear to auscultation bilaterally. Abdomen: Soft. Bowel sounds are positive. No hepatosplenomegaly. Extremities showed no peripheral edema.

A&P:

- Severe insomnia. Increase trazodone from 50 mg to 100 mg tablet at nighttime.
- Bladder stone. This is resolved. He will continue to follow with urology.
- Ataxia. Complete neurologic examination is intact and nonfocal at this time; so at this point, I will recommend that he get an MRI at some point when his catheter is out of his chest.

CONTINUED

7/03/2000
NORMAN ALLEN
248596
Page 2

4. Colon cancer. He is going to undergo another bout of chemotherapy and continues to follow with Dr. Sanz.
5. Seizure disorder. I have again recommended that he does not drive. He understands this and says he will not.


David Farzan, M.D.

DF/kj
D: 7/03/2000
T: 7/06/2000

NAME: Norman Allen
DATE: 10/30/00 CHART#: 248596
PCP: X DOB: 11-24-41
WT: BP T 97.2 P 77 R 100/70
ALLERGIES: Zofran

MEDS: Dilantin, trazadone, Diazepam

Pt states Dr. Mandell referred him to Dr. Farzan for scheduling of colonoscopy

Ataxia resolved

Fibromyalgia
Physician pred

Seizure

Dilantin 400

No MRI - catheter in Chest

10/30/2000

NORMAN ALLEN
248596

Medications, allergies, and vital signs are reviewed.

Patient comes in for complaints of aches and pains throughout his entire body. He says his back hurts, his legs and arms hurt. He has fibromyalgia.

ROS: Cardiac, pulmonary, and GI otherwise within normal limits.

O: HEENT exam shows PERRL, EOMI. Heart: Regular rate and rhythm. Lungs: Clear to auscultation bilaterally. Abdomen: Soft. Bowel sounds are positive. No hepatosplenomegaly. Extremities showed no peripheral edema.

A&P: 1. Fibromyalgia. He may even have polymyalgia rheumatica, so I have given him a course of prednisone 40 mg p.o. q.d. to try for 2 weeks to see if this does help his symptoms.
2. Ataxia. This is resolving. Cannot get an MRI again because he has a catheter in his chest. Since he is doing well, I have recommended no treatment for it. He dropped his Dilantin level to 400 mg at the suggestion of his neurologist, which may also be helping him.

CONTINUED

Ref. Dr. Tarzan
Allergies; Papil

Norman Allen P320899
11-24-47
978-725-5229
Drs: M.H.

Meds: see med list.

10/30/00 Dr: Hx colon Ca

Pt: Colon sched. at LGH 11/16, Fleet phosphosoda
prep info mailed to pt. No visit prior to exam.
No referral or work rec. Ataleno HF

X

Norman Allen

248596

PATIENT 11-20-00 CHARGE

PORN DF DCS

11/20/00 11/20 T

PT: 1000g Prednisone

MM 100

See profile

colon CT

F/S Dilantin level

Colonoscopy last

Other - Dr. Farzan

Not better back little

Treatment is still on Colon CT. Action of Dilantin x 1000

1000 mg AF colon CT. He still has CT at 5000. He does not drive

He wants to stop driving.

Not stop

11/20/2000

NORMAN ALLEN

248596

Medications, allergies, and vital signs are reviewed.

Patient comes in for follow-up of his neck and back. He says the prednisone really helped him a lot, so he may have polymyalgia rheumatica. He is again warned not to drive.

ROS: Cardiac, pulmonary, and GI otherwise within normal limits.

O: HEENT exam shows PERRL, EOMI. Heart: Regular rate and rhythm. Lungs: Clear to auscultation bilaterally. Abdomen: Soft. Bowel sounds are positive. No hepatosplenomegaly. Extremities showed no peripheral edema.

A&P: 1. Seizure disorder. Dilantin level is low, but does not want to take any more of it because it makes him wobbly and ataxic, so at this point, I recommended he stop driving. He accepts the risk of having a seizure.
2. PMR. Since prednisone helped him, and he is off it, I recommended a trial of this from time to time when he gets bad.
3. Colon cancer. He had a colonoscopy, which was normal. I will see him back on a 3-6 month basis.

✓
David Farzan, M.D.

DF/tc4

D: 11/20/2000

T: 11/28/2000

0/30/2000
NORMAN ALLEN
248596
Page 2

3. Seizure disorder. Check Dilantin level on him. He has had no further seizures, but I have advised him not to drive.
4. Status post colon cancer. He needs a colonoscopy and is referred for this


David Farzan, M.D.

DF/tc4
D: 10/30/2000
T: 11/04/2000

Norman Allen

NAME:

DATE: 3/16/01 CHART #: 248596

PCP: Dr. DOB: 11/24/47

WT: BP/22/70 T 48 P 8 R

ALLERGIES: Pepto

Marfan taur in sleep
④ Recovery sleep & 24 hour
still not verbal ④ strong
Hx FTM abn
VSS-AF
cm. 10.25 m

not able to sleep.

soft left B/P
ext, 3 edema

J

Robert NC

① Insomnia

Somato ④ help

Valium help but only at 20g

Trazodone ④ help at 100g

Diazepam 30g

CPE recent

② Colon CA & followup

by Dr. Marshall & Sons



NAME: *Dorothy Allen*
DATE: *5-16-01* CHART#
PCP:
WT: BP T P R
ALLERGIES:

V/S

NAME: Normana Hen
DATE: 10/16/01 CHART#: 2485-960
PCP: Dr DOB: 11/24/1947
WT: BP T P R
ALLERGIES: Pepto
? pain medication

Teds: _____ see med list (reviewed)

Walk-in Visit

Has smoker yes no

[History](#) [Timeline](#) [Glossary](#) [Bibliography](#) [Search](#)

clo. Ned & Bad fm

ROS - READING SYSTEMS AND MATERIALS APPROPRIATE

CONSTITUTIONAL	URINARY	RESPIRATORY	CARDIOVASCULAR	GASTROINTESTINAL
fever	normal	Y N	Y N	Y N
chills	shivering		normal	normal
cough	acute discharge		cough	cough
rhinitis	eye redness		wheezing	nausea
myalgia	eye discharge		sputum	vomiting
weight loss	sore throat		hx of asthma	diarrhea
hematuria	rhinorrhea		hemoptysis	constipation
neck stiffness	conjestion		dyspnea	hematochezia
rash	purulent nasal discharge		PND	melenie
			syncope	

Physical Exam (see *Physical Exam* as appropriate)

CONSTITUTIONAL	HEENT	RESPIRATORY	CARDIOVASCULAR	ABDOMEN
normal	normal	Y N	Y N	Y N
pale	membrane dry	G	wheezing	G
cyanosis	enlarged tonsil	G	rhonchi	G
jaundice, icterus	pharynx erythritic	G	stridor	G
OTHER	TM loss of landmarks	G	prolonged expiration	G
	NP ethmoid fluid	G	retractions	Neck
	epic dischg, purith	G	diminished sounds	G
	rhinorrhea	G	bronchial sound	G
	sinus tenderness			
	purulent nasal dischg			

A.P. ① Back & Neck pain -枕骨痛 ES q.d
② Colon - 腹痛 told to go for scheduled (check)
refuge

Conular Zonulae Myri

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pathway. In contrast, the *gad67* gene was selected for RNA expression, if not resolved in the PBN, with PCD.

Side effects and interactions of medicines reviewed with patient

with PCP

David R. Fazzan, M.D.

88

NAME: Dornan S/H/4

DATE: 11/26/01 CHART#:

PCP: DOB: 11/24/47

WT: BP 78/60 T P E

ALLERGIES: Paxil

Medic: _____ see med list (reviewed)

 Walk in Visit _____

Soc Hx: smoker yes no _____

Flu for infection - abd?

History: clo bat per - spon

clo Deprene ex

@ 500 mg qd abd

ROS INDICATE RIGHT/LEFT OR BILATERAL AS APPROPRIATE

CONSTITUTIONAL		HEENT		RESPIRATORY		GASTROINTESTINAL		CARDIOVASCULAR	
Y	N	Y	N	Y	N	Y	M	Y	N
<input checked="" type="checkbox"/>	normal	<input type="checkbox"/>	normal	<input type="checkbox"/>	normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	normal
	fever/tires		otalgia		cough		<input type="checkbox"/>	<input type="checkbox"/>	chest pain
	chills		ear discharge		wheezing		<input type="checkbox"/>	<input type="checkbox"/>	with exertion
	fatigue		eye redness	<input type="checkbox"/>	sputum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	edema
	involga	<input type="checkbox"/>	eye discharge	<input type="checkbox"/>	hx of asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	diaphoresis
	weight loss	<input type="checkbox"/>	congestion	<input type="checkbox"/>	fm hx asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	orthopnea
	headache	<input type="checkbox"/>	rhinorrhea	<input type="checkbox"/>	dyspnea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	syncope
	neck stiffness	<input type="checkbox"/>	sore throat						
	rash								

Physical Exam INDICATE RIGHT/LEFT OR BILATERAL AS APPROPRIATE

CONSTITUTIONAL		HEENT		RESPIRATORY		CARDIOVASCULAR		ABDOMEN	
Y	N	Y	N	Y	N	Y	N	Y	N
<input checked="" type="checkbox"/>	normal	<input checked="" type="checkbox"/>	normal	<input type="checkbox"/>	normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	normal
	pale		membranes dry	<input type="checkbox"/>	wheezing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	increase BS
	cyanosis	<input type="checkbox"/>	enlarged tonsil	<input type="checkbox"/>	rhonchi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	decreased BS
	poor skin turgor	<input type="checkbox"/>	pharynx exud/erythe	<input type="checkbox"/>	stridor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	tenderness
	OTHER		TM loss of landmarks	<input type="checkbox"/>	prolonged expiration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	enlarged liver
	Terb		crisis tenderness	<input type="checkbox"/>	retractions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	enlarged spleens
	paroxysm		clonus	<input type="checkbox"/>	diminished sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	inguinal adenopathy
	m BA		nasal discharge	<input type="checkbox"/>	bronchial sound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	rebound
			TM erythema/fluid	<input type="checkbox"/>	supraclavicular LA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			conj discharge/ erythe						

A/P: Dypnea 2.5ft 100% 1/2 100%
abd tenderness; tender to palpationIf sx worsen Call return to clinic Go to ERFollow Up in 10 day(s) 1 week(s) if sx worsen PRN with PCP

Side effects and interactions of medicines reviewed with patient

David R. Fazan, M.D.

NAME: Norman O'Brien
 DATE: 12/10/01 CHART #: 248596
 DOB: 11/24/47
 POP: Farzan
 WT: BP 147/78 T P R
 ALLERGIES: Paxil → Rash

Meds: _____ see med list (reviewed)

Zafirlukal 2 mg/day
 Zylet 100 mg

□ Walk in Visit _____

Soc Hx: smoker yes no _____

Histoin _____

Stable do Not See Doctor

symptom

Cough dry? possible symptom

ROS - INDICATE WHETHER BILATERAL AS APPROPRIATE

CONSTITUTIONAL	HEENT	RESPIRATORY	CARDIOVASCULAR	GASTROINTESTINAL
normal	Y N	Y N	Y N	Y N
fever max		normal	normal	normal
chills		cough	chest pain	nausea
tanox		wheezing	with exertion	vomiting
analgia		sputum	edema	diarrhea
weight loss		hx of asthma	diaphoresis	constipation
headache		hemoptysis	orthopnea	hematochezia
weakness		dyspnea	PND	melen
cough			syncope	
punient nasal dischr				

Physical Exam INDICATE RIGHT, LEFT OR BILATERAL AS APPROPRIATE

CONSTITUTIONAL	HEENT	RESPIRATORY	CARDIOVASCULAR	ABDOMEN
normal	Y N	Y N	Y N	Y N
pale		normal	normal	normal
anoxia		wheezing	murmur	increase BS
eser skin turgor		rhonchi	tachycardia	decreased BS
CVL		stridor	dimin pulses	tenderness
		prolonged expiration	poor perfusion	enlarged liver
		retractions	Neck	enlarged spleen
		diminished sounds	anerv LA	inguinal adenopathy
		bronchial sound	posterv LA	rebound
			supraclavicular LA	
			stiffness	
			meningismus	

AP ① Neck should now > 4d : ? Zafirlukal left: Perceived systolic & diastolic
 ② Dryness : can't Zylet
 ③ Inoxur : ? Zafirlukal to 4gh (dry)

Worsen Call _____ return to clinic Go to ER _____

Follow Up in _____ day(s) _____ week(s) or if Worsen if not resolved in _____ PRN

with PCP

Side effects and interactions of medicines reviewed with patient

David R. Farzan, M.D.

NAME: Norman Al-n
DATE: 1/24/62 CHART #: 248896
POP: DF DOB: 11/24/1947
WT: BP T P R

ALLERGIES: *pepsi*

Meds: _____ see med list (reviewed)

[View all posts](#) | [View all categories](#)

[View Details](#) | [Edit](#) | [Delete](#)

Walk-in Visit _____

History

c/o Con power para lat c-3 k

ROS INDICATE RIGHT, LEFT OR BILATERAL AS APPROPRIATE

CONSTITUTIONAL		HEENT		RESPIRATORY		CARDIOVASCULAR		GASTROINTESTINAL	
Y	N	Y	N	Y	N	Y	N	Y	N
<input checked="" type="checkbox"/>	normal	<input type="checkbox"/>	normal	<input checked="" type="checkbox"/>	normal	<input checked="" type="checkbox"/>	normal	<input type="checkbox"/>	normal
<input checked="" type="checkbox"/>	fever max _____	<input type="checkbox"/>	dysuria	<input type="checkbox"/>	cough	<input type="checkbox"/>	chest pain	<input type="checkbox"/>	nausea
<input checked="" type="checkbox"/>	chills	<input type="checkbox"/>	ear discharge	<input type="checkbox"/>	wheezing	<input type="checkbox"/>	with exertion	<input type="checkbox"/>	vomiting
<input checked="" type="checkbox"/>	fatigue	<input type="checkbox"/>	eye redness	<input type="checkbox"/>	sputum	<input type="checkbox"/>	edema	<input type="checkbox"/>	diarrhea
<input checked="" type="checkbox"/>	myalgia	<input type="checkbox"/>	eye discharge	<input type="checkbox"/>	hx of asthma	<input type="checkbox"/>	diaphoresis	<input type="checkbox"/>	constipation
<input checked="" type="checkbox"/>	weight loss	<input type="checkbox"/>	sore throat	<input type="checkbox"/>	hemoptysis	<input type="checkbox"/>	orthopnea	<input type="checkbox"/>	hematochezia
<input checked="" type="checkbox"/>	headache	<input type="checkbox"/>	rhinorrhea	<input type="checkbox"/>	dyspnea	<input type="checkbox"/>	PND	<input type="checkbox"/>	melenia
<input checked="" type="checkbox"/>	neck stiffness	<input type="checkbox"/>	conjestion			<input type="checkbox"/>	syncope	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	rash			purulent nasal discharge					

Physical Exam INDICATE RIGHT, LEFT OR BILATERAL AS APPROPRIATE

CONSTITUTIONAL	HEENT	RESPIRATORY	CARDIOVASCULAR	ABDOMEN
Y N	Y N	Y N	Y N	Y N
<input checked="" type="checkbox"/> <input type="checkbox"/> normal	<input checked="" type="checkbox"/> <input type="checkbox"/> normal	<input checked="" type="checkbox"/> <input type="checkbox"/> normal	<input checked="" type="checkbox"/> <input type="checkbox"/> normal	<input checked="" type="checkbox"/> <input type="checkbox"/> normal
<input type="checkbox"/> <input checked="" type="checkbox"/> pale	<input checked="" type="checkbox"/> <input type="checkbox"/> membranes dry	<input type="checkbox"/> <input checked="" type="checkbox"/> wheezing	<input type="checkbox"/> <input checked="" type="checkbox"/> murmur	<input type="checkbox"/> <input checked="" type="checkbox"/> increase BS
<input type="checkbox"/> <input checked="" type="checkbox"/> cyanosis	<input checked="" type="checkbox"/> <input type="checkbox"/> enlarged tonsil	<input type="checkbox"/> <input checked="" type="checkbox"/> rhonchi	<input type="checkbox"/> <input checked="" type="checkbox"/> tachycardia	<input type="checkbox"/> <input checked="" type="checkbox"/> decreased BS
<input type="checkbox"/> <input checked="" type="checkbox"/> poor skin turgor	<input checked="" type="checkbox"/> <input type="checkbox"/> pharynx exud/cryptic	<input type="checkbox"/> <input checked="" type="checkbox"/> stridor	<input type="checkbox"/> <input checked="" type="checkbox"/> dimin pulses	<input type="checkbox"/> <input checked="" type="checkbox"/> tenderness
OTHER				
<i>Med Tendr Full R/t</i>				
<input type="checkbox"/> <input checked="" type="checkbox"/> TM loss of landmarks	<input type="checkbox"/> <input checked="" type="checkbox"/> prolonged expiration	<input type="checkbox"/> <input checked="" type="checkbox"/> poor perfusion	<input type="checkbox"/> <input checked="" type="checkbox"/> enlarged liver	
<input type="checkbox"/> <input checked="" type="checkbox"/> TM erythema/fluid	<input type="checkbox"/> <input checked="" type="checkbox"/> retractions	<input type="checkbox"/> <input checked="" type="checkbox"/> Neck	<input type="checkbox"/> <input checked="" type="checkbox"/> enlarged spleen	
<input type="checkbox"/> <input checked="" type="checkbox"/> conj dischg / eryth	<input type="checkbox"/> <input checked="" type="checkbox"/> diminished sounds	<input type="checkbox"/> <input checked="" type="checkbox"/> ant cerv LA	<input type="checkbox"/> <input checked="" type="checkbox"/> inguinal adenopathy	
<input type="checkbox"/> <input checked="" type="checkbox"/> rhinorrhea	<input type="checkbox"/> <input checked="" type="checkbox"/> bronchial sound	<input type="checkbox"/> <input checked="" type="checkbox"/> post cerv LA	<input type="checkbox"/> <input checked="" type="checkbox"/> rebound	
<input type="checkbox"/> <input checked="" type="checkbox"/> sinus tenderness		<input type="checkbox"/> <input checked="" type="checkbox"/> supraclavicular LA		
<input type="checkbox"/> <input checked="" type="checkbox"/> purulent nasal dschg		<input type="checkbox"/> <input checked="" type="checkbox"/> stiffness		
		<input type="checkbox"/> <input checked="" type="checkbox"/> medianismus		

APP: Gas well by Lake McM Cormier 5840
Well gas helped by 4 years at night by well to oxygenate water
mann: Long gas injection at 300 Kloway helps to keep
well dry Kloway (eg P. 13)

If sx worsen: Call Return to clinic Go to ER

Follow Up in day(s) week(s) or if ever worsen if not resolved in days

Side effects and interactions of medicines reviewed with patient

with PSP

David K. Fazzan, M.D.

NAME: Norman Allen
 DATE: 2/4/02 CHART #: 248596
 FOR: DF DOB: 11/24/1947
 WT: BP 90/60 F R

ALLERGIES: Palit

P/H med put on albuterol on 1/2 Hx: smoker yes no

eds: _____ see med list (reviewed)

Walk in Visit _____

History _____

Wch better wt on Organe skin.
 less drowsy
 Ataxia per report

ROS INDICATE RIGHT, LEFT OR BILATERAL AS APPROPRIATE

CONSTITUTIONAL		HEENT		RESPIRATORY		CARDIOVASCULAR		GASTROINTESTINAL	
Y	N	Y	N	Y	N	Y	N	Y	N
<input checked="" type="checkbox"/>	normal	<input type="checkbox"/>	normal	<input type="checkbox"/>	normal	<input type="checkbox"/>	normal	<input type="checkbox"/>	normal
<input type="checkbox"/>	fever tmax	<input type="checkbox"/>	otalgia	<input type="checkbox"/>	cough	<input type="checkbox"/>	chest pain	<input type="checkbox"/>	nausea
<input type="checkbox"/>	chills	<input type="checkbox"/>	ear discharge	<input type="checkbox"/>	wheezing	<input type="checkbox"/>	with exertion	<input type="checkbox"/>	vomiting
<input type="checkbox"/>	fatigue	<input type="checkbox"/>	eye redness	<input type="checkbox"/>	sputum	<input type="checkbox"/>	edema	<input type="checkbox"/>	diarrhea
<input type="checkbox"/>	myalgia	<input type="checkbox"/>	eye discharge	<input type="checkbox"/>	hx of asthma	<input type="checkbox"/>	diaphoresis	<input type="checkbox"/>	constipation
<input type="checkbox"/>	weight loss	<input type="checkbox"/>	sore throat	<input type="checkbox"/>	bronchospasm	<input type="checkbox"/>	orthopnea	<input type="checkbox"/>	bowelachezia
<input type="checkbox"/>	headache	<input type="checkbox"/>	rhinorrhea	<input type="checkbox"/>	dyspnea	<input type="checkbox"/>	PND	<input type="checkbox"/>	melenia
<input type="checkbox"/>	neck stiffness	<input type="checkbox"/>	conjestion	<input type="checkbox"/>		<input type="checkbox"/>	syncope	<input type="checkbox"/>	
<input type="checkbox"/>	rash	<input type="checkbox"/>	purulent nasal dischg						

Physical Exam INDICATE RIGHT, LEFT OR BILATERAL AS APPROPRIATE

CONSTITUTIONAL		HEENT		RESPIRATORY		CARDIOVASCULAR		ABDOMEN	
Y	N	Y	N	Y	N	Y	N	Y	N
<input checked="" type="checkbox"/>		MICHAEL A. GIORGETTI, MD							
		DEA No. _____							
		PENTUCKET MEDICAL ASSOCIATES							
		North Andover Office Park							
		North Andover, MA 01845							
		203 Turnpike Street							
		Tel. (978) 557-8800							
		Reg. # 1124147							
		Date 2-22-02							

Name Norman Allen

Address _____

RX

Glycentin 20mg
 1 pc B15

4/60
 (Sixty)

M.D.

Refills None

AG SCR 4/83

Interchange is mandated unless the practitioner writes the words "no substitution" in this space.

PRN

with RCP

David R. Farzan, M.D.

NAME: Norman Allen
 DATE: 3/14/02 CHART# 248596
 PCP: DF DOB: 11/24/47
 WT: BP 94/74 HT P R
 ALLERGIES: Paxil

Stomach pain steady x 3 wks - on & off x 3 mo. - A gurgling sound

History

Help by eatz

Berry

feds: _____ see med list (reviewed)

1 Walk in Visit

Soc Hx: smoker yes no

ROS INDICATE RIGHT, LEFT OR BILATERAL AS APPROPRIATE

CONSTITUTIONAL	HEENT	RESPIRATORY	CARDIOVASCULAR	GASTROINTESTINAL
Y N	Y N	Y N	Y N	Y N
<input checked="" type="checkbox"/> <input type="checkbox"/> normal	<input type="checkbox"/> <input type="checkbox"/> normal	<input checked="" type="checkbox"/> <input type="checkbox"/> normal	<input checked="" type="checkbox"/> <input type="checkbox"/> normal	<input type="checkbox"/> <input type="checkbox"/> normal
<input type="checkbox"/> <input type="checkbox"/> fever max	<input type="checkbox"/> <input type="checkbox"/> otalgia	<input type="checkbox"/> <input type="checkbox"/> cough	<input type="checkbox"/> <input type="checkbox"/> chest pain	<input type="checkbox"/> <input type="checkbox"/> nausea
<input type="checkbox"/> <input type="checkbox"/> chills	<input type="checkbox"/> <input type="checkbox"/> ear discharge	<input type="checkbox"/> <input type="checkbox"/> wheezing	<input type="checkbox"/> <input checked="" type="checkbox"/> with exertion	<input type="checkbox"/> <input type="checkbox"/> vomiting
<input type="checkbox"/> <input type="checkbox"/> fatigue	<input type="checkbox"/> <input type="checkbox"/> eye redness	<input type="checkbox"/> <input type="checkbox"/> sputum	<input type="checkbox"/> <input type="checkbox"/> edema	<input type="checkbox"/> <input type="checkbox"/> diarrhea
<input type="checkbox"/> <input type="checkbox"/> myalgia	<input type="checkbox"/> <input type="checkbox"/> eye discharge	<input type="checkbox"/> <input type="checkbox"/> hx of asthma	<input type="checkbox"/> <input type="checkbox"/> diaphoresis	<input type="checkbox"/> <input type="checkbox"/> constipation
<input type="checkbox"/> <input type="checkbox"/> weight loss	<input type="checkbox"/> <input type="checkbox"/> sore throat	<input type="checkbox"/> <input type="checkbox"/> hemoptysis	<input type="checkbox"/> <input type="checkbox"/> orthopnea	<input type="checkbox"/> <input type="checkbox"/> hematemesis
<input type="checkbox"/> <input type="checkbox"/> headache	<input type="checkbox"/> <input type="checkbox"/> rhinorrhea	<input type="checkbox"/> <input type="checkbox"/> dyspnea	<input type="checkbox"/> <input type="checkbox"/> PND	<input type="checkbox"/> <input type="checkbox"/> melena
<input type="checkbox"/> <input type="checkbox"/> neck stiffness	<input type="checkbox"/> <input type="checkbox"/> congestion		<input type="checkbox"/> <input type="checkbox"/> syncope	
<input type="checkbox"/> <input type="checkbox"/> rash	<input type="checkbox"/> <input type="checkbox"/> purulent nasal dischrg			

Physical Exam INDICATE RIGHT, LEFT OR BILATERAL AS APPROPRIATE

CONSTITUTIONAL	HEENT	RESPIRATORY	CARDIOVASCULAR	ABDOMEN
Y N	Y N	Y N	Y N	Y N
<input type="checkbox"/> <input type="checkbox"/> normal	<input type="checkbox"/> <input type="checkbox"/> normal	<input type="checkbox"/> <input type="checkbox"/> normal	<input type="checkbox"/> <input type="checkbox"/> normal	<input type="checkbox"/> <input type="checkbox"/> normal
<input type="checkbox"/> <input checked="" type="checkbox"/> pale	<input type="checkbox"/> <input type="checkbox"/> membranes dry	<input type="checkbox"/> <input type="checkbox"/> wheezing	<input type="checkbox"/> <input type="checkbox"/> murmur	<input type="checkbox"/> <input type="checkbox"/> increase BS
<input type="checkbox"/> <input type="checkbox"/> cyanosis	<input type="checkbox"/> <input type="checkbox"/> enlarged tonsil	<input type="checkbox"/> <input type="checkbox"/> rhonchi	<input type="checkbox"/> <input type="checkbox"/> tachycardia	<input type="checkbox"/> <input type="checkbox"/> decreased BS
<input type="checkbox"/> <input type="checkbox"/> poor skin turgor	<input type="checkbox"/> <input type="checkbox"/> pharynx exudative	<input type="checkbox"/> <input type="checkbox"/> stridor	<input type="checkbox"/> <input type="checkbox"/> dimin pulses	<input type="checkbox"/> <input type="checkbox"/> tenderness
OTHER	<input type="checkbox"/> <input type="checkbox"/> TM loss of landmarks	<input type="checkbox"/> <input type="checkbox"/> prolonged expiration	<input type="checkbox"/> <input type="checkbox"/> poor perfusion	<input type="checkbox"/> <input type="checkbox"/> enlarged liver
	<input type="checkbox"/> <input type="checkbox"/> TM erythema/fluid	<input type="checkbox"/> <input type="checkbox"/> retractions	<input type="checkbox"/> <input type="checkbox"/> Neck	<input type="checkbox"/> <input type="checkbox"/> enlarged spleen
	<input type="checkbox"/> <input type="checkbox"/> conj dischg / eryth	<input type="checkbox"/> <input type="checkbox"/> diminished sounds	<input type="checkbox"/> <input type="checkbox"/> ant cerv LA	<input type="checkbox"/> <input type="checkbox"/> inguinal adenopathy
	<input type="checkbox"/> <input type="checkbox"/> rhinorrhea	<input type="checkbox"/> <input type="checkbox"/> bronchial sound	<input type="checkbox"/> <input type="checkbox"/> post cerv LA	<input type="checkbox"/> <input type="checkbox"/> rebound
	<input type="checkbox"/> <input type="checkbox"/> sinus tenderness		<input type="checkbox"/> <input type="checkbox"/> supraclavicular LA	
	<input type="checkbox"/> <input type="checkbox"/> purulent nasal dischrg		<input type="checkbox"/> <input type="checkbox"/> stillness	
			<input type="checkbox"/> <input type="checkbox"/> meningismus	

A/P: ① Abd. Pt - Normal

② Oxyntic 20) Abd. Back fm 7 to 10

2/16/02

If sx worsen Call return to clinic Go to ER

Follow Up in _____ day(s) _____ week(s) or if sx worsen if not resolved in _____ PRN

with PCP

Side effects and interactions of medicines reviewed with patient

David R. Farzan, M.D.

Norman Allen
 NAME: *Norman Allen*
 CASE: *4-402 CHART# 24836*
 DOB: *11-24-47*
 PUP: *PF* *BP 117* *P R*
 Wk: *G 14*
 ALLERGIES: *G 14*

Meds: _____ see med list (reviewed)

_____ Walk in Visit _____

See Hx: smoker yes no _____

Sleep on ① Side - Ate Green Bean

History *Did not feel well = Dr. Searz "the I am supposed to"*
Found it hard to run down but much more with exertion
with eating Bladder rarely but urinate now, all

ROS INDICATE RIGHT, LEFT OR BILATERAL AS APPROPRIATE

CONSTITUTIONAL		HEENT		RESPIRATORY		CARDIOVASCULAR		GASTROINTESTINAL	
Y	N	Y	N	Y	N	Y	N	Y	N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
normal	normal	normal	normal	normal	cough	normal	chest pain	normal	nausea
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	wheezing	<input type="checkbox"/>	with exertion	<input type="checkbox"/>	vomiting
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	sputum	<input type="checkbox"/>	edema	<input type="checkbox"/>	diarrhea
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	hx of asthma	<input type="checkbox"/>	diaphoresis	<input type="checkbox"/>	constipation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	hemoptysis	<input type="checkbox"/>	orthopnea	<input type="checkbox"/>	hematochezia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	dyspnea	<input type="checkbox"/>	PND	<input type="checkbox"/>	melena
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	syncope	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
rash	paroxysmal nasal discharge								

Physical Exam INDICATE RIGHT, LEFT OR BILATERAL AS APPROPRIATE

CONSTITUTIONAL		HEENT		RESPIRATORY		CARDIOVASCULAR		ABDOMEN	
Y	N	Y	N	Y	N	Y	N	Y	N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
normal	normal	membranes dry	wheezing	normal	tumult	normal	normal	normal	normal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	increase BS
<input type="checkbox"/>	<input type="checkbox"/>	conjunctivitis	rhonchi	<input type="checkbox"/>	tachycardia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	decreased BS
<input type="checkbox"/>	<input type="checkbox"/>	poor skin turgor	stridor	<input type="checkbox"/>	diminu pulses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	tenderness
OTHER		TM loss of landmarks	prolonged expiration	<input type="checkbox"/>	poor perfusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	enlarged liver
		TM erythema/fluid	retractions	<input type="checkbox"/>	ant cerv LA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	enlarged spleen
		conj dischg / eryth	diminished sounds	<input type="checkbox"/>	post cerv LA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	inguinal adenopathy
		thoracites	bronchial sound	<input type="checkbox"/>	supraclavicular LA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	rebound
		stomach tenderness		<input type="checkbox"/>	stiffness	<input type="checkbox"/>	<input type="checkbox"/>	<i>Mass + Blck</i>	
		paroxysmal nasal discharge		<input type="checkbox"/>	meningismus	<input type="checkbox"/>	<input type="checkbox"/>	<i>+ Fieber</i>	

A/P: *Abd* *Par* *? ?* *Brown CA**Sent to CT ABN Nov**LFT, CBC**6/3-384-3119*If sx worsen Call return to clinic Go to ER _____

Follow Up in _____ day(s) _____ week(s) or if sx worsen if not resolved in _____ PRN with PCP

 Side effects and interactions of medicines reviewed with patient*8pm 8/4/5 Larimore D. Genz**C7 car with L4**4/26 946-8232**David R. Farzan, M.D.*

248596

P320899

24-Jan-2000 10:22:04 AM ALLEN, NORMAN
52 Years Male

PRE-OP

Penucket Medical Associates, Inc.

Operator: EDT

Rate 60 . Normal sinus rhythm, rate 60.....Normal P axis, PR, rate & rhythm
 PR 168 . Probable early repolarization pattern.....ST elevation, age 16 - 55
 QRS 91
 QT 384
 QTc 384

Pre-op Date:
2-11-00 LGHSergion's Name:
DR. HURLEY, LIAMRequested by:
DR. FARZAN

--Axis--

P 45
QRS 67
T 43

NSR

AF

- OTHERWISE NORMAL ECG -

Unconfirmed diagnosis:



*Received
2/10/2000*

P320899

24-Jan-2000 10:22:04 AM ALLEN, NORMAN
52 Years Male



Pentucket Medical Associates, Inc.

Operator: EDT

Rate 60 . Normal sinus rhythm, rate 60.....Normal P axis, PR, rate & rhythm
PR 168 . Probable early repolarization pattern.....ST elevation, age 16 - 55
QRSD 91
QT 384
QTc 384

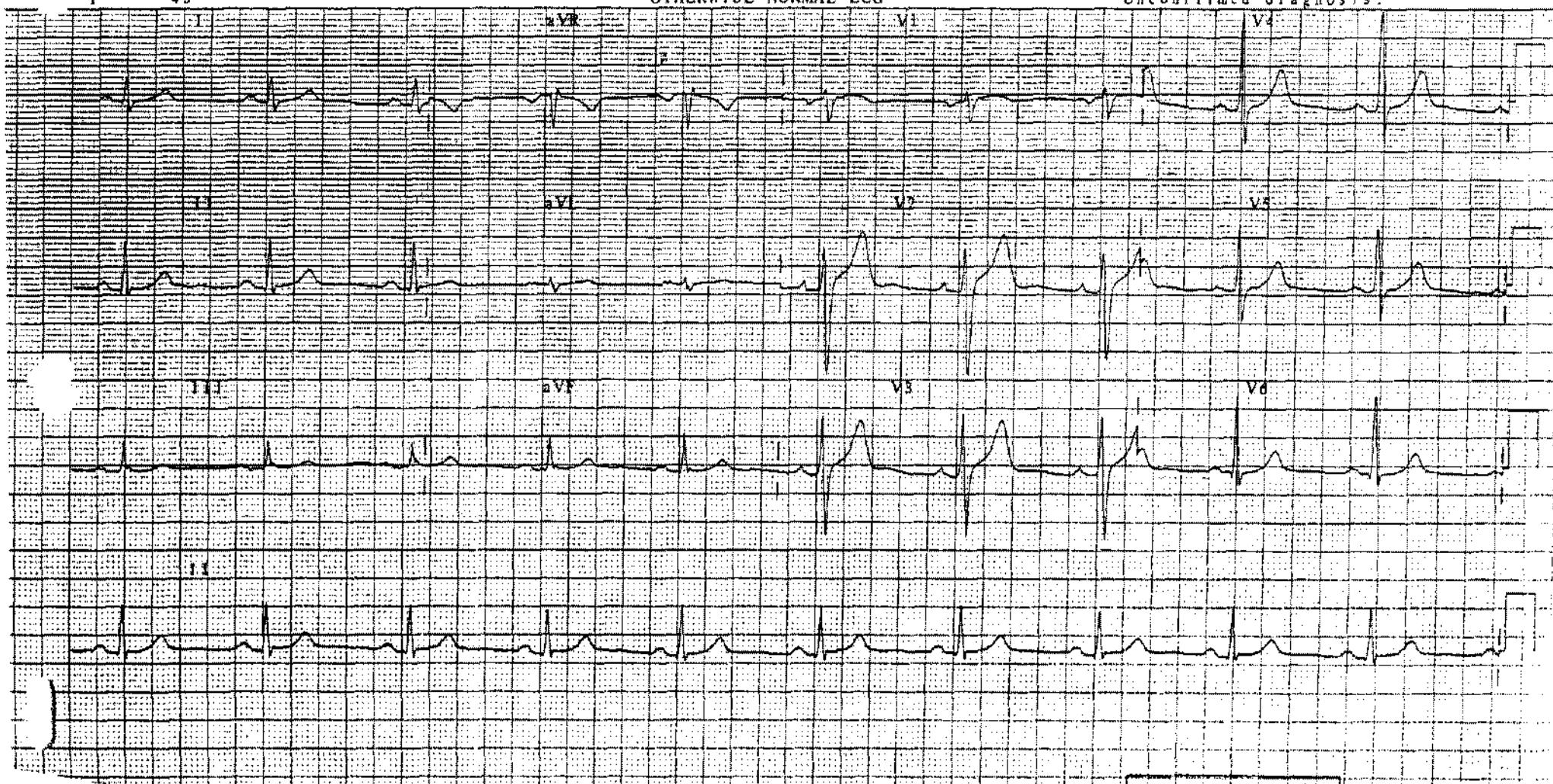
Pre-op Date:
2-11-00 LGH
Surgeon's Name:
DR.HURLEY,LIAM
Requested by:
DR.FARZAN

--Axis--

P 45
QRS 67
T 43

- OTHERWISE NORMAL ECG -

Unconfirmed diagnosis.



P320899

27-Sep-1999 08:41:34
51 YearsALLEN, NORMAN
Male

Pentucket Medical Associates, Inc.

245594
Operator: EDT

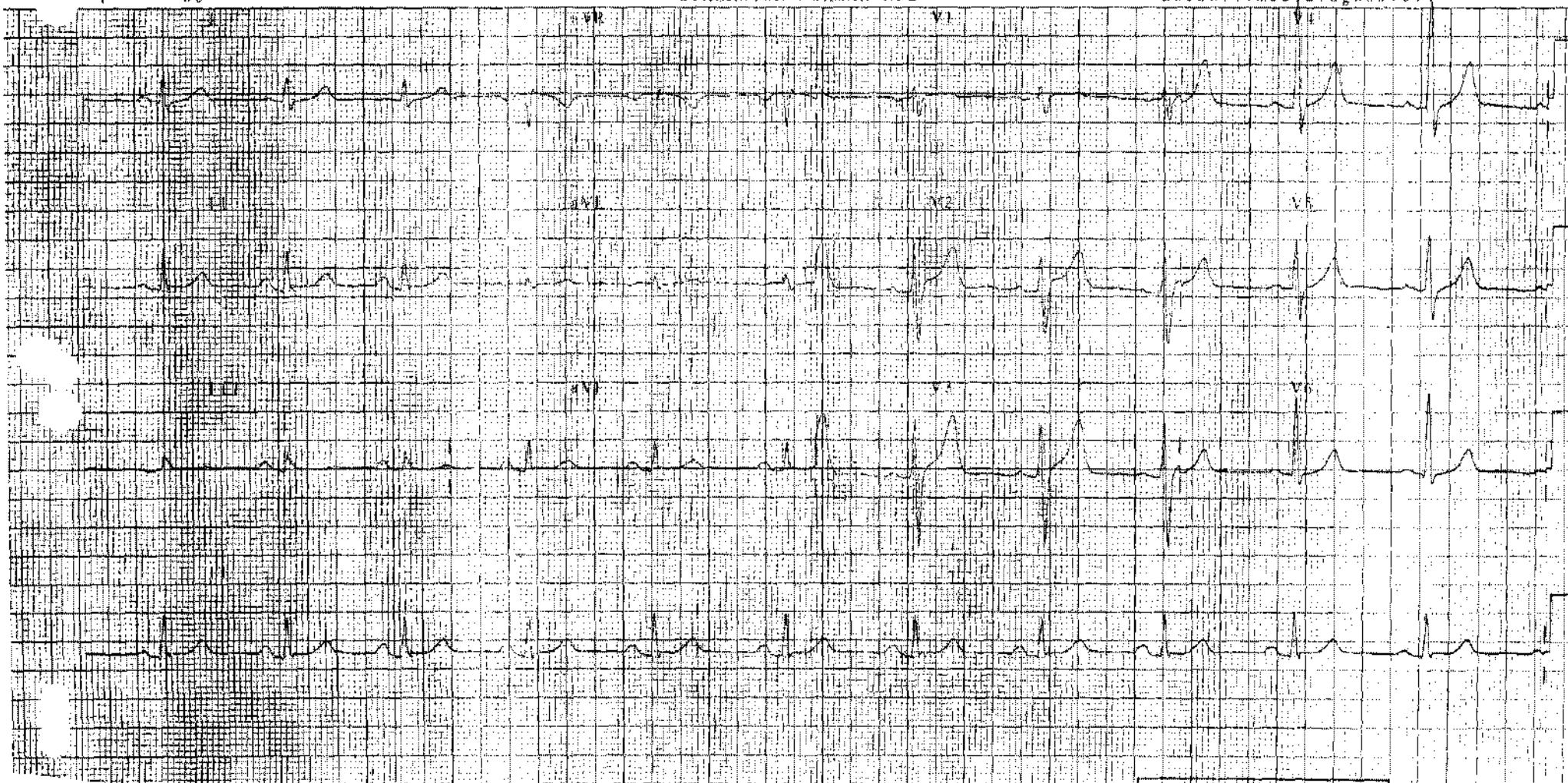
Rate 68 . Normal sinus rhythm, rate 68.....Normal P axis, PR, rate & rhythm
PR 174 . Probable early repolarization pattern.....ST elevation, age 16 - 55
QRS 92
QT 364
QTc 387

--Axis--

P 72
QRS 57
T 38*E No date
4 DF*Requested by:
DF

- OTHERWISE NORMAL ECG -

Unconfirmed diagnosis.



ATTACHMENT D

348596



Andover Surgical Associates, Inc.

Michael J. Twomey, M.D., F.A.C.S.
 George M. Walker, II, M.D.
 Brian T. Callahan, Jr., M.D., F.A.C.S.
 Paul J. Gemis, M.D., F.A.C.S.
 Jonathan D. Mandell, M.D., F.A.C.S.
 Nancy Cho Landay, M.D.

General Surgery

October 28, 1999

David Farzan, M.D.
 203 Turnpike Street
 North Andover, MA 01845

Dear David:

It was a pleasure to see your patient, Norman Allen in the office today. Please see the following office note.

Norman is a 51-year-old gentleman referred for rectal carcinoma. He has a family history of colon cancer in a father in his fifties. He's had hematochezia for about four to five months with each bowel movement, some dark blood as well as red blood. Colonoscopy by Dr. Fazio, October 20th, showed a satellite lesion occupying about one-half of the circumference of the bowel at what he describes as 6 cm from the anal verge. Biopsy is positive for mucinous adenocarcinoma, moderately differentiated. The remainder of the colonoscopy was unremarkable.

Allergies, none. Medications: Dilantin 500 mg once a day, Neurotin two daily, he is not sure of the dose, Ultram for fibromyalgia, Exxor 150 mg once a day, amitriptyline and Ambien. Past medical history: Seizure disorder, last seizure was one year ago, Fibromyalgia, no history of diabetes mellitus, no asthma, no myocardial infarction, no CVA. He has a history of a benign lung tumor on the left side removal by thoracotomy in 1989. Past surgical history: Left thoracotomy in 1989. Tobacco, three packs per day. Alcohol, none. I strongly emphasized that he cut down on this smoking as he is going to have surgery because of the risk of pneumonia and other complications.

PHYSICAL EXAMINATION: He is a thin gentleman in no acute distress. Lungs are clear bilaterally. Cardiac exam is regular. He has a left thoracotomy scar. There is no cervical, supraclavicular, axillary or inguinal adenopathy. Abdomen is soft, nontender, no masses, no umbilical hernia, no inguinal hernia. GU exam, unremarkable. Pedal pulses are palpable bilaterally. Femoral pulses palpable bilaterally. Rectal exam: normal sphincter tone, prostate symmetric. On the left side of the rectum at the tip of the examining finger there is a palpable mass, it is mobile. Guaiac negative exam today.

Norman Allen
Page 2
October 28, 1999

PROCEDURE: Rigid proctoscopy performed after explaining routine risks. The proctoscope was used to identify the location of the mass. By proctoscopic measurement the distal most portion of the mass is about at 8.2 to 8.5 cm from the anal verge. He is a thin-body habitus. The mass appears to be just about the level of the first rectal valve.

IMPRESSION: Rectal carcinoma. I discussed with him the nature of rectal carcinoma and the treatment options. The primary treatment in this case is going to be surgery. He may also need chemotherapy and radiation. Additional information at the present time is needed including pathology from the subsequent specimen. The location of his tumor is right on the border between requiring abdominal perineal resection and low anterior resection. I discussed with him that I will try at surgery to reconnect his bowel but he understands that the ultimate surgical procedure is going to have to wait until the time of surgery. Possible abdominal perineal resection was discussed. Even if his bowel is connected he understands he may get a temporary colostomy. He understands that with abdominal perineal resection a colostomy is permanent. Risks of surgery were discussed including bleeding, infection, reaction to the anesthesia, myocardial infarction, stroke, pneumonia and other complications. Possible sexual dysfunction and bladder dysfunction were also discussed from low pelvic surgery. We discussed that I would like to obtain additional information before surgery. We will order a CT scan of the abdomen and pelvis as well as an endorectal ultrasound to evaluate the tumor. We will also have him seen by Dr. Hurley of urology for a brief visit as I would like bilateral ureteral stents placed at the beginning of surgery given the low nature of the pelvic operation. Given his thin-body habitus and the appearance of the tumor and the distance from the anal verge by proctoscopy I think that we can try to perform a low anterior resection possibly with a staple anastomosis. We will also obtain some baseline labs including CEA and I will see him back in about a week. Mr. Allen and his wife understand.

Thank you for the privilege of allowing me to care for your patient.

Sincerely,



Jonathan D. Mandell, M.D., F.A.C.S.

JDM/jll

CC: Thomas Fazio, M.D.

ANDOVER
SURGICAL ASSOCIATES, INC.
140 HAVERHILL STREET
ANDOVER, MA 01810-1589
(978) 475-4202

6.

NORMAN ALLEN
DOB: 11/24/47

January 3, 2000

248596 J D MANDELL MD

Status post low anterior resection. Doing well. Moving his bowels. He denies any fever. He still has a Foley catheter. He will follow-up with urology and he's going to follow-up with oncology and radiation therapy next week. His abdomen is soft and nontender. Incision looks excellent. Return in two weeks.

COPY TO DR. FARZAN AND DR. HURLEY.

V

248596

5.

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(978) 475-4202

NORMAN ALLEN
DOB: 11/24/1947

December 22, 1999

G M WALKER MD

Status post low anterior resection for carcinoma of the rectum. This was done on 12/1/1999. He says he is moving his bowels somewhat slowly, but is eating, and having no crampy abdominal pain. He is taking Colace as a stool softener.

PHYSICAL EXAMINATION: The abdomen is benign. The wound is nicely healed. Digital rectal examination shows formed, brown hemocult-negative stool in the ampulla, though it is somewhat firm.

PLAN: I have started him on Metamucil once a day and told him to increase his fluid intake to at least 3 liters of fluid a day to help keep his stool moist and bulky. Return to see us in two weeks time.

December 27, 1999

J D MANDELL MD

Norman still has the Foley leg bag in otherwise he is doing quite well, feeling better each day. Still some postoperative discomfort which is variable. No vomiting, no fever. He is moving his bowels daily and taking a stool softener. On examination his abdomen is soft and nontender, no guarding. Rectal exam performed: Some soft stool in the rectum. Anastomosis is patent, no focal tenderness or fluctuance. Overall doing quite well. He is going to see the urologist towards the end of this week. I would like to see him back in one week. He missed his follow-up appointment with Dr. Sanz of oncology and I strongly emphasize that he contact Dr. Sanz for follow-up appointment as he needs further treatment.

COPY TO DR. FARZAN, DR. HURLEY AND DR. SANZ.

044120

248596

4.

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(978) 475-4202

NORMAN ALLEN
DOB: 11/24/1947

December 16, 1999

J D MANDELL MD

Status post low anterior resection. He left the hospital with a leg bag Foley catheter. This was removed on Tuesday. It sounds like he has had some retention type symptoms since then. He strains to urinate. He is able to void some. He is moving his bowels. He denies any fever. No vomiting. He was uncomfortable last night with pressure from his bladder.

PHYSICAL EXAMINATION: His lungs are clear. He is not tachycardiac. His abdomen is soft and nondistended. He has some fullness and discomfort over his bladder-suprapubic area. He does not have any peritoneal signs but he does have some midline suprapubic discomfort, probably related to his distended bladder.

He has an appointment to see the urologist, Dr. Hurley, immediately following this appointment. I have sent him over to Dr. Hurley for probable Foley catheter reinsertion and asked him to return to see me immediately thereafter this morning for reassessment.

ADDENDUM: Follow-up from this morning. He went to the urologist, where a Foley catheter was reinserted. It sounds like a huge amount of urine was evacuated. He has a leg bag in place. It sounds like he had almost a liter of urine in his bladder. He feels much better.

PHYSICAL EXAMINATION: His abdomen is soft without peritoneal signs. It is nondistended. Rectal exam performed. Some soft stool. No focal tenderness. No fluctuance.

IMPRESSION/PLAN: Overall he appears to be doing fairly well. Still has urinary retention. I instructed him to call if he has any fever or abdominal pain, vomiting. He is moving his bowels with soft stool. I would like to have him checked here in the office next week. Temperature today is 97.6.

COPY TO DR. FARZAN AND TO DR. HURLEY.

248596

70 6.

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(978) 475-4202

NORMAN ALLEN
DOB: 11/24/47

January 3, 2000

J D MANDELL MD

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COPY TO DR. FARZAN AND DR. HURLEY. (J)

January 24, 2000

J D MANDELL MD

Doing quite well moving his bowels. He has not yet seen Dr. Sanz but he is going to see him this Thursday. I also received a letter from Dr. Hurley stating that his bladder sensation was good and there may be a component of prostate obstruction. TURP is planned. He still has a Foley catheter in place. I discussed with him that he is now at least six weeks after surgery and he has not yet followed up with radiation therapy and oncology. I strongly emphasized that he needs to do this. He needs to see Dr. Sanz and Dr. Peterson and begin his treatment. He understands this and he is going to see Dr. Sanz this Thursday. I performed a rectal exam today and his anastomosis feels excellent. It is widely patent. No fluctuance. No focal tenderness. Soft stool. I will see him back in two weeks.

COPY TO DR. FARZAN, DR. SANZ, AND DR. HURLEY. (J)

2/7/00 J. M. DR. L.M. DR. A.M. (J)

LGH 2/11/2000

EVALUATE RECTAL FUNCTION S/P LOW ANTERIOR RESECTION

J D MANDELL

February 17, 2000

J D MANDELL MD

Status post TURP. He is quite pleased. He is voiding some. He has a suprapubic catheter, which he uses occasionally. He has seen Dr. Hurley for this. He says his bowel movements are becoming more normal in appearance. He moved his bowels twice yesterday. He has no abdominal pain. (continued)

7.

ANDOVER SURGICAL ASSOCIATES, INC.
140 Haverhill Street, Andover, MA 01810 (978)475-4202
One Parkway, Haverhill, MA 01830 (978)372-8200

NORMAN ALLEN
DOB: 11/24/47

February 17, 2000(continued)

J D MANDELL MD

PHYSICAL EXAMINATION: His abdomen is soft. He is in good spirits. Plan is start radiation therapy next week. He asked me about some occasional burning sensation on the skin of his buttocks at night, which is brief. It only happened a few times. He does not have any rash in this area. I think we can just follow that for now.

PLAN: I will see him back in two weeks.

COPY TO DR. FARZAN, DR. SANZ, AND DR. HURLEY.



Andover Surgical Associates, Inc.

Michael J. Twomey, M.D., F.A.C.S.
 George M. Walker, II, M.D.
 Brian T. Callahan, Jr., M.D., F.A.C.S.
 Paul J. Gemis, M.D., F.A.C.S.
 Jonathan D. Mandell, M.D., F.A.C.S.
 Nancy Cho Landay, M.D.

248594
Y

General Surgery

October 28, 1999

David Farzan, M.D.
 203 Turnpike Street
 North Andover, MA 01845

Dear David:

It was a pleasure to see your patient, Norman Allen in the office today. Please see the following office note.

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Allergies, none. Medications: Dilantin 500 mg once a day, Neurotin two daily, he is not sure of the dose, Ultram for fibromyalgia, Exxor 150 mg once a day, amitriptyline and Ambien. Past medical history: Seizure disorder, last seizure was one year ago, Fibromyalgia, no history of diabetes mellitus, no asthma, no myocardial infarction, no CVA. He has a history of a benign lung tumor on the left side removal by thoracotomy in 1989. Past surgical history: Left thoracotomy in 1989. Tobacco, three packs per day. Alcohol, none. I strongly emphasized that he cut down on this smoking as he is going to have surgery because of the risk of pneumonia and other complications.

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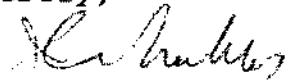
Norman Allen
Page 2
October 28, 1999

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IMPRESSION: Rectal carcinoma. I discussed with him the nature of rectal carcinoma and the treatment options. The primary treatment in this case is going to be surgery. He may also need chemotherapy and radiation. Additional information at the present time is needed including pathology from the subsequent specimen. The location of his tumor is right on the border between requiring abdominal perineal resection and low anterior resection. I discussed with him that I will try at surgery to reconnect his bowel but he understands that the ultimate surgical procedure is going to have to wait until the time of surgery. Possible abdominal perineal resection was discussed. Even if his bowel is connected he understands he may get a temporary colostomy. He understands that with abdominal perineal resection a colostomy is permanent. Risks of surgery were discussed including bleeding, infection, reaction to the anesthesia, myocardial infarction, stroke, pneumonia and other complications. Possible sexual dysfunction and bladder dysfunction were also discussed from low pelvic surgery. We discussed that I would like to obtain additional information before surgery. We will order a CT scan of the abdomen and pelvis as well as an endorectal ultrasound to evaluate the tumor. We will also have him seen by Dr. Hurley of urology for a brief visit as I would like bilateral ureteral stents placed at the beginning of surgery given the low nature of the pelvic operation. Given his thin-body habitus and the appearance of the tumor and the distance from the anal verge by proctoscopy I think that we can try to perform a low anterior resection possibly with a staple anastomosis. We will also obtain some baseline labs including CEA and I will see him back in about a week. Mr. Allen and his wife understand.

Thank you for the privilege of allowing me to care for your patient.

Sincerely,



Jonathan D. Mandell, M.D., F.A.C.S.

JDM/jll

CC: Thomas Fazio, M.D.

048544

6.

ANDOVER
SURGICAL ASSOCIATES, INC.
140 HAVERHILL STREET
ANDOVER, MA 01810-1589
(978) 475-4202

NORMAN ALLEN
DOB: 11/24/47

January 3, 2000

J D MANDELL MD

Status post low anterior resection. Doing well. Moving his bowels. He denies any fever. He still has a Foley catheter. He will follow-up with urology and he's going to follow-up with oncology and radiation therapy next week. His abdomen is soft and nontender. Incision looks excellent. Return in two weeks.

COPY TO DR. FARZAN AND DR. HURLEY. *g*

January 24, 2000

J D MANDELL MD

Doing quite well moving his bowels. He has not yet seen Dr. Sanz but he is going to see him this Thursday. I also received a letter from Dr. Hurley stating that his bladder sensation was good and there may be a component of prostate obstruction. TURP is planned. He still has a Foley catheter in place. I discussed with him that he is now at least six weeks after surgery and he has not yet followed up with radiation therapy and oncology. I strongly emphasized that he needs to do this. He needs to see Dr. Sanz and Dr. Peterson and begin his treatment. He understands this and he is going to see Dr. Sanz this Thursday. I performed a rectal exam today and his anastomosis feels excellent. It is widely patent. No fluctuance. No focal tenderness. Soft stool. I will see him back in two weeks.

COPY TO DR. FARZAN, DR. SANZ, AND DR. HURLEY.

[Signature]



Andover Surgical Associates, Inc.

248596

Michael J. Twomey, M.D., F.A.C.S.
George M. Walker, II, M.D.
Brian T. Callahan, Jr., M.D., F.A.C.S.
Paul J. Gemis, M.D., F.A.C.S.
Jonathan D. Mandell, M.D., F.A.C.S.
Nancy Cho Landay, M.D., F.A.C.S.

General Surgery

[Handwritten signature]

January 17, 2001

Norman Allen
27A Bourque Street
Lawrence, MA 01841

Dear Mr. Allen:

I am writing to you as we have found that your phone is disconnected and you did not return for your follow-up appointment that was scheduled for earlier this month. I recommend that you continue your follow-up for your rectal carcinoma with us in our office and recommend that you contact our office to schedule an appointment. I will leave further follow-up on this issue up to you.

Sincerely,

Jonathan Mandell, MD

JDM/lw

CC: Dr. Farzan and Dr. Sanz.

2 '8596

7.

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140 Haverhill Street, Andover, MA 01810 (978)475-4202
One Parkway, Haverhill, MA 01830 (978)372-8200

NORMAN ALLEN
DOB: 11/24/47

February 17, 2000 (continued)

J D MANDELL MD

PHYSICAL EXAMINATION: His abdomen is soft. He is in good spirits. Plan is start radiation therapy next week. He asked me about some occasional burning sensation on the skin of his buttocks at night, which is brief. It only happened a few times. He does not have any rash in this area. I think we can just follow that for now.

PLAN: I will see him back in two weeks.

COPY TO DR. FARZAN, DR. SANZ, AND DR. HURLEY. *L*

March 6, 2000

J D MANDELL MD

Norman is in better spirits. He had some diarrhea last week from the chemotherapy. She has been using a suprapubic catheter to empty his residual after voiding. He has been going about half voiding and half emptying by catheter. However, he says over the last day he is doing much better. He emptied all but one ounce of urine from his bladder by voiding. He is very pleased. He currently has no discomfort. His abdomen is soft. He is in better spirits. I will see him back in one month. He will follow-up with Dr. Sanz and Dr. Hurley as well.

COPY TO DR. FARZAN, DR. SANZ, AND DR. HURLEY.

L

248596

10.

ANDOVER SURGICAL ASSOCIATES, INC.
140 Haverhill Street, Andover, MA 01810 (978) 475-4202
One Parkway, Haverhill, MA 01830 (978) 372-8200

NORMAN ALLEN
DOB: 11/24/47

May 9, 2001 **(Andover Office)** **J D MANDELL MD**

Norman returns to discuss removal of his porta-cath. He says his porta-cath has not been used for almost a year. He states Dr. Sanz told him he should have this taken out.

Allergies: Paxil. Medications: Dilantin 500 mg a day. He is not on any other medications currently.

PAST MEDICAL HISTORY: Seizure disorder, fibromyalgia, rectal carcinoma. No diabetes mellitus. No asthma. No history of myocardial infarction. Past surgical history: Left lung tumor, which was benign. He is also status post porta-cath insertion April 2000. Low anterior resection December 1999.

PHYSICAL EXAMINATION: Lungs are clear bilaterally. Cardiac exam is regular. Porta-cath in the left anterior chest is intact. No signs of infection.

IMPRESSION: For removal of porta-cath. Risks were discussed including bleeding, infection, reaction to the anesthesia, catheter refracture with distal embolization requiring separate procedure for removal and other complications. He understands and agrees to proceed. We will schedule removal of porta-cath.

COPY TO DR. FARZAN AND DR. SANZ.

LGH 5/15/2001
REMOVAL OF PORTA CATH

J D MANDELL MD

May 21, 2001 **(Andover Office)** **N C LANDAY MD**

Mr. Allen is now one week out from removal of his left subclavian porta cath by Dr. Mandell which was placed for a rectosigmoid carcinoma. His incision is healing nicely. The sutures are removed and the wound steri-striped. I've asked him to remove these in one week. He will return to see us if there are any questions or problems.

COPY TO DR. FARZAN AND DR. SANZ.

? 320899

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ANDOVER, MA 01810-1589
(978) 475-4202

3.

NORMAN G ALLEN
DOB: 11/24/1947

November 4, 1999

J D MANDELL MD

No complaints.

CT scan of the abdomen and pelvis did not show any metastatic disease in the liver. There is a suggestion of some left sided extension from the primary tumor in the rectum toward the seminal vesical. However, endorectal ultrasound at Lahey Clinic shows a T2 lesion invading to the perirectal fat, but no lymph nodes were identified. CEA is 3.5, PT is 11.8, PTT 32.7, hematocrit 41. He has not yet seen Dr. Hurley of urology.

I have discussed with Norman and his wife once again the nature of his low rectal carcinoma. We will try to perform low anterior resection with primary anastomosis. However, he understands he is right on the borderline and may end up with an abdominal-perineal resection. Also a temporary colostomy might be a possibility with a low anterior resection. Risks of surgery were discussed, including bleeding, infection, reaction to the anesthesia, pelvic abscess, pneumonia, myocardial infarction and other complications. Possible sexual dysfunction, erectile dysfunction and bladder dysfunction, as well as anal sphincter dysfunction, were discussed.

He understands the issues involved and wishes to proceed. We will arrange for him to see Dr. Hurley of urology, and I have given him instructions on a mechanical bowel preparation before surgery.

PLAN: Low anterior resection of the rectum, possible abdominal-perineal resection, possible colostomy.

COPY TO DR. FARZAN AND DR. FAZIO.

/ 6

248596

9.

ANDOVER SURGICAL ASSOCIATES, INC.
140 Haverhill Street, Andover, MA 01810 (978) 475-4202
One Parkway, Haverhill, MA 01830 (978) 372-8200

NORMAN ALLEN
 DOB: 11/24/47

October 25, 2000 (continued) (Andover Office) J D MANDELL MD

PHYSICAL EXAMINATION: His abdomen is soft and non-tender. No inguinal adenopathy. No incisional hernia. Lungs are clear bilaterally. Cardiac exam is regular. Rectal exam: He has good sphincter tone, no palpable mass, no fecal impaction, stool guaiac negative.

IMPRESSION: Overall doing quite well. I would like to see him back in three months. I reminded that he needs to discuss with Dr. Farzan referral back to Dr. Fazio for endoscopy early next year. He is also following up with Dr. Sanz.

COPY TO DR. FARZAN, DR. SANZ, AND DR. HURLEY. *JW*

1/16/01 - pt DNA 1/16/01 - phone # disconnected LMC
1/17/01 - Letter sent to pt - Copy in chart LH

March 14, 2001 (Andover Office) J D MANDELL MD

Norman is doing quite well. He says he is moving his bowels and voiding without much problem. He also had a recent colonoscopy by Dr. Fazio, which he says was excellent. He is scheduled to see Dr. Sanz in the near future.

PHYSICAL EXAMINATION: His lungs are clear. Cardiac exam is regular. Abdomen soft, non-tender. No incisional hernia. His Prolene suture is palpable under his skin along the length of his incision because he is so thin. Rectal exam normal sphincter tone. No palpable mass. Some soft brown stool, trace guaiac positive. He had a recent colonoscopy, which was negative.

IMPRESSION: Overall he is doing quite well. He is going to see Dr. Sanz next week and I have asked him to have Dr. Sanz forward me any tests that he does. His porta-cath site on his left anterior chest looks good. He will discuss that with Dr. Sanz as well. I will see Norman back in six months.

COPY TO DR. FARZAN AND DR. PEDRO SANZ.

248596

8.

ANDOVER SURGICAL ASSOCIATES, INC.
140 Haverhill Street, Andover, MA 01810 (978) 475-4202
One Parkway, Haverhill, MA 01830 (978) 372-8200

NORMAN ALLEN
DOB: 11/24/47

July 10, 2000**(Andover Office)****J D MANDELL MD**

Norman is actually doing much better. His suprapubic catheter is out. He is moving his bowels, sometimes bowel movements, sometimes large bowel movements. He had previously some diarrhea and some fecal incontinence but this was probably related to the pelvic radiation. He has not had that recently, and he has not had any incontinence recently.

PHYSICAL EXAMINATION: His lungs are clear. Cardiac exam is regular. Abdomen soft, non-distended, non-tender. He has a few prolene sutures that are palpable beneath the skin. There is no erythema. I reassured him regarding this. There is no incisional hernia. No inguinal adenopathy. Rectal exam shows good sphincter tone. He shows good contraction of the sphincter to voluntary squeeze. I can put my finger through the anastomosis without any problem. There is no stenosis. Stool is guaiac negative. No tenderness.

IMPRESSION: Doing well following low anterior resection. I would like to see him back in three months. He is going to have some labs drawn by Dr. Sanz later today. I have asked him to be sure to get a CEA with that and have the results sent to me. His porta cath site looks excellent. No signs of infection.

COPY TO DR. FARZAN, DR. SANZ, AND DR. HURLEY. *LW*

*7/19/00 Records copied & mailed to Univ of Mass
Disability Eval. Services. Author in chart - JMT*

October 25, 2000**(Andover Office)****J D MANDELL MD**

Doing fairly well. Occasionally loses some stool in his pants, but most of the time has good rectal function and knows when he needs to go the bathroom. Occasional sharp discomfort near the surgical scar consistent with postoperative scar. He is voiding without problem. He gets what he describes as half erections and I advised him to talk to Dr. Hurley about his sexual function.

(continued)

9.

ANDOVER SURGICAL ASSOCIATES, INC.
140 Haverhill Street, Andover, MA 01810 (978) 475-4202
One Parkway, Haverhill, MA 01830 (978) 372-8200

NORMAN ALLEN
DOB: 11/24/47

October 25, 2000 (continued) (Andover Office) J D MANDELL MD

PHYSICAL EXAMINATION: His abdomen is soft and non-tender. No inguinal adenopathy. No incisional hernia. Lungs are clear bilaterally. Cardiac exam is regular. Rectal exam: He has good sphincter tone, no palpable mass, no fecal impaction, stool guaiac negative.

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COPY TO DR. FARZAN, DR. SANZ, AND DR. HURLEY.

ANDOVER
SURGICAL ASSOCIATES, INC.
140 HAVERHILL STREET
ANDOVER, MA 01810-1589
(978) 475-4202

248596 3.
Z.Q.

NORMAN G ALLEN
DOB: 11/24/1947

November 4, 1999

J D MANDELL MD

No complaints.

CT scan of the abdomen and pelvis did not show any metastatic disease in the liver. There is a suggestion of some left sided extension from the primary tumor in the rectum toward the seminal vesical. However, endorectal ultrasound at Lahey Clinic shows a T2 lesion invading to the perirectal fat, but no lymph nodes were identified. CEA is 3.5, PT is 11.8, PTT 32.7, hematocrit 41. He has not yet seen Dr. Hurley of urology.

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COPY TO DR. FARZAN AND DR. FAZIO.

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8.

ANDOVER SURGICAL ASSOCIATES, INC.
140 Haverhill Street, Andover, MA 01810 (978)475-4202
One Parkway, Haverhill, MA 01830 (978)372-8200

NORMAN ALLEN
DOB: 11/24/47

July 10, 2000 (Andover Office) J D MANDELL MD

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COPY TO DR. FARZAN, DR. SANZ, AND DR. HURLEY.

ATTACHMENT E

Holy Family Hospital and Medical Center

70 East Street, Methuen, Massachusetts 01844-4592 (508) 687-0151
(508) 687-0156 Direct Dial

PHYSICAL THERAPY EVALUATION

ALLEN, Norman

DOB: 11/24/47

GLFHC

MR: 444532

5/12/98

DIAGNOSIS: Fibromyalgia

Date of onset: A little more than 1 year ago.

Patient History: Diagnosed about 2-3 months ago. Recently started with headaches.

Medication: Dilantin, Neurontin, Paxil.

Past Medical History: 1990 benign tumor removed left thorax posterior to lung. Smoker with shortness of breath; seizures; dislocating shoulders-right anterior, left anterior and posterior; decreased short term memory.

Precautions: Seizures, dizziness with bending over at the waist and neck extension.

OBJECTIVE FINDINGS (most normal findings omitted)

Pain: 7/10 neck and left levator scapula most painful. Also complaint of pain both shoulders; low back, hands, knees, ankles.

ROM: *denotes pain with movement

Lumbar spine: marked limitation backward bending *most painful.

Moderate/marked limitation forward bending*

Marked limitation sidebend bilaterally*

Cervical spine: flexion 60 degrees; extension 35 degrees*, dizziness; rotation right 55 degrees, left 55 degrees; lateral flexion right 28 degrees, left 32 degrees.

Straight leg raise 60 degrees, left 70 degrees, ankle dorsiflexion right 3 degrees, left 0 degrees.

Palpation: Mild tenderness left levator scapula;sinus tarsi bilaterally.

Posture: Anterior view sternum cavum.

Posterior view left shoulder high with increased tone upper trapezius.

Shortening latissimus dorsi right.

Increased tone right levator scapula.

Calcaneus-valgus left.

Slight winging medial border scapula.

Page 2

ALLEN, Norman

MR: 444532

Side view

Genu recurvatum left.

Anterior displacement of humeral head in glenoid
left greater than right with slight inferior
displacement.

Mild pes planus.

Function: (relative to premorbid capacity)

Sleeps 2 hours or less-gets up at 2:30-3:30.

Sits up to 1 hour in a comfortable chair.

Walks 1/4 mile.

TREATMENT TODAY: Evaluation, begin exercise program and recommendations for sleep management. Recommend trial Temperpedic pillow and cushioned, supportive footwear.

CLINICAL ASSESSMENT: 50 year old male with history of marked instability bilateral shoulders; complaint of severe neck pain as well as overall body pain and marked limitation spine ROM. Presents with marked difficulty sleeping and performing overhead UE activities. Will benefit from PT to learn home exercise program and pain management.

SHORT TERM GOALS:

Independent home exercise program.

Sleep 3 hours.

Decrease pain 1 grade.

LONG TERM GOALS:

Ambulate 1 mile.

Decrease pain to 5/10.

TREATMENT PLAN: Frequency 2 x a week. Duration 8 weeks
ROM exercises.

Scapular/shoulder stabilization exercises.

Conditioning program.

Posture training.

Modalities as indicated for pain reduction with spine and left levator scapular.

Soft tissue mobilization.

Clinical findings and treatment plan have been discussed with patient. Patient agrees with plan.

Julie Zdilla, P.T.

Julie Zdilla, P.T.

0512;0520-8

**CANCER MANAGEMENT CENTER - RADIATION ONCOLOGY**

Date: February 28, 2001

Patient Name: ALLEN, NORMAN ID#: 00-044

Radiation Oncologist: Astrid O. Peterson, MD DOB: 11-24-47

Note: Follow-up

It has been 8 months since the patient completed concurrent 5FU chemotherapy and post-op pelvic radiotherapy following low anterior resection and 2 cycles of up front 5FU chemotherapy for a T3N1M0 Grade II invasive adenocarcinoma of the rectum.

S: Patient was last seen by Dr. Sanz in 9/00 and has missed one follow-up appointment in between. He has had a colonoscopy on 11-16-00 which was normal. He has 10-14 soft bowel movements per day. Unfortunately he continues to have some difficulty with anal continence. He does not take Imodium consistently but notices on the days he does take it. The stool is more formed and has more control. Unfortunately, he continues to smoke 3 packs of cigarettes daily. He also drinks a tremendous amount of coffee and continues to have problems with sleeping.

O: On exam, patient's weight is stable at 142 pounds. There is no peripheral adenopathy. Auscultation of the lungs reveals occasional crackles and no significant wheezing. Abdomen is nontender with no organomegaly. No inguinal adenopathy is noted. Rectal exam reveals a low-lying anastomosis without obvious disease recurrence.

A: Patient now 8 months S/P treatment with no obvious disease recurrence locally or other disease by colonoscopy from 11/00. Unfortunately he has missed his follow-up with Dr. Sanz and I have urged him to make a follow-up appointment and that he should be consistent for follow-ups.

I have stressed the importance of smoking cessation with the patient and his wife. I have told him that unless they both give up smoking at the same time, that I doubt they will be successful. In addition, he drinks a tremendous amount of coffee and this I suspect is adding to his problems with insomnia. I have urged that he switch to decaf coffee.

P: Patient will be seen for follow-up in 6 months.

AOP/kl

Cc: Dr. Mandell, Tumor Registry
Dr. Sanz/LGH, Dr. Farzan
Dr. Hurley, Dr. Fazio

Astrid O. Peterson, MD


CANCER MANAGEMENT CENTER - RADIATION ONCOLOGY

Date: July 5, 2000
 Patient Name: ALLEN, NORMAN ID#: 00-044
 Radiation Oncologist: Astrid O. Peterson, MD DOB: 11-24-47
 Note: Follow-up

It has been 2 weeks since the patient completed concurrent chemotherapy and radiotherapy following low anterior resection and two initial cycles of 5FU chemotherapy for T3N1M0, Grade II invasive adenocarcinoma of the rectum.

S: Patient states that he is feeling much better than during and on completion of treatment. He had no significant diarrhea or fatigue for the first week following treatment. He states that he is having smaller, more frequent bowel movements but they are soft and well formed. Patient does have complaints of continued insomnia and was seen several days ago by Dr. Farzan and put on Trazodone. He just started this yesterday and did not have a significant improvement in his night sleep last night.

O: On exam, his weight is up 3 pounds over the past several weeks and he now weighs 141 pounds. Abdomen is soft and non-tender. There is no inguinal adenopathy. Examination of the perianal area reveals no skin reaction. Rectal exam reveals no obvious lesions in the distal rectal vault.

A: Patient is starting to show improvement in both bowel and overall clinical status 2 weeks post treatment. He does have continued mild problems with fatigue but this appears to be related more to his ongoing problems with insomnia. Patient will be seen by Dr. Sanz in another weeks time. He will possibly start the last 2 cycles of chemotherapy at that time.

P: Follow-up here in 5-1/2 months time.

AOP/kl
 Cc: Dr. Mandell
 Dr. Farzan
 Dr. Sanz/LGH
 Dr. Hurley
 Dr. Fazio
 Tumor Registry

Astrid O. Peterson, MD
 Astrid O. Peterson, MD

**CANCER MANAGEMENT CENTER - RADIATION ONCOLOGY**

Date: June 20, 2000

Patient Name: ALLEN, NORMAN ID#: 00-044

Radiation Oncologist: Astrid O. Peterson, MD DOB: 11-24-47

Note: Discharge Summary

PATIENT ONCOLOGIC PROFILE: Patient is a 52 year old gentleman with T3N1M0 Grade II invasive adenocarcinoma of the rectum. S/P low anterior resection. Patient received 2 cycles of 5FU chemotherapy prior to radiation and then concurrent 5FU with his radiation.

RADIATION CALENDAR: Started 4-25-00 Completed 6-19-00

DOSE: Using 18Mv photons and a combination of 16x21.5cm PA treatment portals combined with 13x21.5cm parallel opposed right and left lateral treatment portals, patient received 4500 cGy in 25 fractions over 48 elapsed days. Custom blocking technique was used on all portals and 30 degree wedge was used daily on both lateral portals.

Using 18Mv photons and cone down 9.5x15cm right and left lateral treatment portals covering primary site, patient received another 540 cGy in 3 fractions over 3 elapsed days. Again, custom blocking technique was used for both portals.

Finally, using 18Mv photons and further cone down 9.5x9cm right and left lateral treatment portals covering primary tumor site, patient received a final 360 cGy in 2 fractions over 2 elapsed days. Custom blocking technique was again used for portals. A total of 5400 cGy in 30 fractions over 55 elapsed days was given to primary tumor site.

A: Patient had multiple problems during his course of treatment. He had indwelling cystoscopy tube since prior to treatment which developed a large bladder stone and was unable to be pulled. Because of increase in pain, he ultimately went to the OR and had the tube removed, much to his relief. He also had difficulties with diarrhea which cause a one week break in both chemotherapy and radiotherapy.

P: Follow-up in 2 weeks time.

AOP/kl

Cc: Dr. Mandell
Dr. Hurley
Dr. Farzan, Tumor Registry
Dr. Sanz, Dr. Fazio

5

Astrid Peterson, MD
Astrid O. Peterson, MD

CANCER MANAGEMENT CENTER - RADIATION ONCOLOGY

Date: July 5, 2000

Patient Name: ALLEN, NORMAN ID#: 00-044

Radiation Oncologist: Astrid O. Peterson, MD M DOB: 11-24-47

Note: Follow-up

It has been 2 weeks since the patient completed concurrent chemotherapy and radiotherapy following low anterior resection and two initial cycles of 5FU chemotherapy for T3N1M0, Grade II invasive adenocarcinoma of the rectum.

S: Patient states that he is feeling much better than during and on completion of treatment. He had no significant diarrhea or fatigue for the first week following treatment. He states that he is having smaller, more frequent bowel movements but they are soft and well formed. Patient does have complaints of continued insomnia and was seen several days ago by Dr. Farzan and put on Trazodone. He just started this yesterday and did not have a significant improvement in his night sleep last night.

O: On exam, his weight is up 3 pounds over the past several weeks and he now weighs 141 pounds. Abdomen is soft and non-tender. There is no inguinal adenopathy. Examination of the perianal area reveals no skin reaction. Rectal exam reveals no obvious lesions in the distal rectal vault.

A: Patient is starting to show improvement in both bowel and overall clinical status 2 weeks post treatment. He does have continued mild problems with fatigue but this appears to be related more to his ongoing problems with insomnia. Patient will be seen by Dr. Sanz in another weeks time. He will possibly start the last 2 cycles of chemotherapy at that time.

P: Follow-up here in 5-1/2 months time.

AOP/kl

Cc: Dr. Mandell

Dr. Farzan

Dr. Sanz/LGH

Dr. Hurley

Dr. Fazio

Tumor Registry



Astrid O. Peterson, MD

**CANCER MANAGEMENT CENTER - RADIATION ONCOLOGY**

Date: June 20, 2000

248596

Patient Name: ALLEN, NORMAN

ID#: 00-044

Radiation Oncologist: Astrid O. Peterson, MD

DOB: 11-24-47

Note: Discharge Summary

PATIENT ONCOLOGIC PROFILE: Patient is a 52 year old gentleman with T3N1M0 Grade II invasive adenocarcinoma of the rectum. S/P low anterior resection. Patient received 2 cycles of 5FU chemotherapy prior to radiation and then concurrent 5FU with his radiation.

RADIATION CALENDAR: Started 4-25-00

Completed 6-19-00

DOSE: Using 18Mv photons and a combination of 16x21.5cm PA treatment portals combined with 13x21.5cm parallel opposed right and left lateral treatment portals, patient received 4500 cGy in 25 fractions over 48 elapsed days. Custom blocking technique was used on all portals and 30 degree wedge was used daily on both lateral portals.

Using 18Mv photons and cone down 9.5x15cm right and left lateral treatment portals covering primary site, patient received another 540 cGy in 3 fractions over 3 elapsed days. Again, custom blocking technique was used for both portals.

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A: Patient had multiple problems during his course of treatment. He had indwelling cystoscopy tube since prior to treatment which developed a large bladder stone and was unable to be pulled. Because of increase in pain, he ultimately went to the OR and had the tube removed, much to his relief. He also had difficulties with diarrhea which cause a one week break in both chemotherapy and radiotherapy.

P: Follow-up in 2 weeks time.

AOP/kl

Cc: Dr. Mandell

Dr. Hurley

Dr. Farzan, Tumor Registry

Dr. Sanz, Dr. Fazio

Astrid O. Peterson, MD

**CANCER MANAGEMENT CENTER - RADIATION ONCOLOGY**

Date: March 29, 2000

Patient Name: ALLEN, NORMAN ID#: 00-044

Radiation Oncologist: Astrid O. Peterson, MD DOB: 11-24-47

Note: Follow-up

Patient is a 52-year-old gentleman seen for initial consultation on 1-26-00. At that time, he was S/P low anterior resection for a T3N1M0 Grade II invasive adenocarcinoma of the rectum. Tumor had greater than 50% mucinous component and 1/6 lymph nodes were positive for metastatic disease. The patient has since undergone TURP with placement of a cystoscopy catheter. He has received one full cycle of 5FU and is midway through his second cycle.

S: Patient denies difficulty with abdominal pain, diarrhea or rectal bleeding. Patient notes that he will be giving a urine specimen today to rule of infection.

O: On exam, patient's weight is down several pounds to 140 pounds. There is no peripheral adenopathy. Lungs are clear to auscultation. Abdomen is scaphoid, nontender with no organomegaly. No inguinal adenopathy is noted. Patient has an indwelling cystoscopy tube. Rectal exam reveals a low-lying anastomosis without obvious disease recurrence. There is no stool for guaiac.

A: Patient with Stage III, T3N1M0, Grade II invasive adenocarcinoma of the rectum with 50% mucinous component and 1/6 lymph nodes positive for metastatic disease. Patient is completing his second cycle of 5FU chemotherapy and will be having placement of a portacath so that he can receive infusion 5FU chemotherapy during his course of radiotherapy. I have discussed the course of radiation and potential side effects with patient and his wife. Patient does consent to proceed with treatment as currently outlined.

P: Patient will be booked for pelvic simulation next week. He will have opacification of small bowel with barium as well as rectal opacification at the time of simulation. Patient will start his course of treatment between 3-4 weeks post completion of this cycle of chemotherapy.

AOP/kl

Cc: Dr. Mandell

Dr. Sanz/LGH

Dr. Hurley

Dr. Fazio

Tumor Registry

X

Astrid O. Peterson, MD

**CANCER MANAGEMENT CENTER - RADIATION ONCOLOGY**

Date: January 26, 2000

Patient Name: ALLEN, NORMAN ID#: 00-044

Radiation Oncologist: Astrid O. Peterson, MD DOB: 11-24-47

Note: Initial Evaluation

548396

PATIENT ONCOLOGIC PROFILE: Patient is a 52 year old gentleman referred by Dr. Mandell for discussions regarding post-op radiotherapy following resection for rectal carcinoma.

Patient's history dates to mid 1999 when he noted onset of rectal bleeding and gradual change in bowel habits with change in stool caliber and shape. Patient changed PCP and was seen by Dr. Farzan. With the description of these symptoms he was referred to Dr. Fazio and underwent colonoscopy on 10-20-99. He was found to have a semi-circumferential mass in the rectum with lower edge at 6cm and palpable on digital exam. Biopsies revealed mucinous adenocarcinoma, Grade II. On 12-1-99 patient underwent resection of the primary tumor by low anterior resection. Final histology revealed a grade II invasive adenocarcinoma with greater than 50% mucinous component. Tumor measured 5.5cm in greatest diameter and infiltrated into the perirectal adipose tissue. There was lymphatic and extensive perineural invasion noted. Distal and proximal margins of resection were free of tumor but 1/6 lymph nodes was positive for metastatic carcinoma. Pre-op abdominal and pelvic CT revealed no evidence of metastatic disease outside of the rectal area. Patient had voiding problems post-op and currently has an indwelling Foley catheter. Patient relates that he will undergo prostate surgery on 2-10-00 by Dr. Hurley.

PAST MEDICAL HISTORY: 5-7 year history of fibromyalgia, History of seizures which began as adult while he was drinking heavily.

PRIOR SURGERY: Thoracotomy in 1994. Benign chest tumor.

MEDICATIONS: Dilantin ? 500mg q d. and sleeping pill for which he does not know the name.

ALLERGIES: None.

FAMILY HISTORY: Patient's father with colon carcinoma and mother with carcinoma, unknown type.

SOCIAL HISTORY: Patient is married and lives with his wife. He has 2 adult children, a son age 30 and a daughter age 25. Patient previously worked as a contractor but has been unemployed for many years secondary to his seizure

**CANCER MANAGEMENT CENTER - RADIATION ONCOLOGY**

Date:

Patient Name: ALLEN, NORMAN

ID#: 00-044

Radiation Oncologist:

DOB:

Note:

history. Tobacco: currently 2 packs per day, down from 3-4 packs daily for approximately 30 years. ETOH: Quit one year ago except for an occasional beer, but prior heavy use. Patient does smoke marijuana on occasion.

REVIEW OF SYSTEMS: 20+ pound weight loss both prior to and following surgery (approximately 6 months). Patient has discomfort in the perineal area when sitting. Patient also has discomfort from an indwelling Foley catheter.

O: Pleasant, alert, gentleman weighing 143 pounds at time of examination. There is no peripheral adenopathy. Lungs are clear to auscultation. Abdomen is nontender with no inguinal adenopathy noted. Rectal exam reveals a very low lying anastomosis within several cm of the anal verge.

A: Stage III, T2N1 mucinous adenocarcinoma of the rectum, S/P low anterior resection. I would recommend consideration of post-op chemotherapy to be followed by combined chemoradiation to decrease the chance of both systemic and locally recurrent disease. The timing of this is somewhat problematic since the patient still has an indwelling Foley catheter and is scheduled for TURP on 2-10-00. This is of some concern since the patient is already 8 weeks out from his low anterior resection and delay in onset of treatment carries a greater risk for locally recurrent disease. I have discussed these issues with Dr. Sanz who will also discuss the timing of chemotherapy and surgery with the patient and with Dr. Hurley. As discussed with the patient, he will receive 2 up front cycles of chemotherapy prior to beginning concurrent chemo and radiation together for treatment of the pelvis and primary tumor site. I have discussed the course of treatment and potential side effects with the patient and his wife who is also in attendance. This will be discussed again when he comes in for follow-up.

P: He will be booked for follow-up here in approximately 5 weeks time .

Thank you for your referral.

AOP/kl

cc: Dr. Mandell

Dr. Hurley

Dr. Farzan

Dr. Sanz/LGH

Dr. Fazio

Tumor Registry

Astrid O. Peterson, MD

**CANCER MANAGEMENT CENTER - RADIATION ONCOLOGY**

Date: January 26, 2000

Patient Name: ALLEN, NORMAN ID#: 00-044

Radiation Oncologist: Astrid O. Peterson, MD DOB: 11-24-47

Note: Initial Evaluation

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MEDICATIONS: Dilantin ? 500mg q d. and sleeping pill for which he does not know the name.

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SOCIAL HISTORY: Patient is married and lives with his wife. He has 2 adult children, a son age 30 and a daughter age 25. Patient previously worked as a contractor but has been unemployed for many years secondary to his seizure

**CANCER MANAGEMENT CENTER - RADIATION ONCOLOGY**

Date:

Patient Name: ALLEN, NORMAN ID#: 00-044

Radiation Oncologist: DOB:

Note:

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REVIEW OF SYSTEMS: 20+ pound weight loss both prior to and following surgery (approximately 6 months). Patient has discomfort in the perineal area when sitting. Patient also has discomfort from an indwelling Foley catheter.

O: Pleasant, alert, gentleman weighing 143 pounds at time of examination. There is no peripheral adenopathy. Lungs are clear to auscultation. Abdomen is nontender with no inguinal adenopathy noted. Rectal exam reveals a very low lying anastomosis within several cm of the anal verge.

A: Stage III, T2N1 mucinous adenocarcinoma of the rectum, S/P low anterior resection. I would recommend consideration of post-op chemotherapy to be followed by combined chemoradiation to decrease the chance of both systemic and locally recurrent disease. The timing of this is somewhat problematic since the patient still has an indwelling Foley catheter and is scheduled for TURP on 2-10-00. This is of some concern since the patient is already 8 weeks out from his low anterior resection and delay in onset of treatment carries a greater risk for locally recurrent disease. I have discussed these issues with Dr. Sanz who will also discuss the timing of chemotherapy and surgery with the patient and with Dr. Hurley. As discussed with the patient, he will receive 2 up front cycles of chemotherapy prior to beginning concurrent chemo and radiation together for treatment of the pelvis and primary tumor site. I have discussed the course of treatment and potential side effects with the patient and his wife who is also in attendance. This will be discussed again when he comes in for follow-up.

P: He will be booked for follow-up here in approximately 5 weeks time .

Thank you for your referral.

AOP/kl

cc: Dr. Mandell

Dr. Hurley

Dr. Farzan

Dr. Sanz/LGH

Dr. Fazio

Tumor Registry

Astrid O. Peterson, MD
Astrid O. Peterson, MD


Holy Family Hospital and Medical Center
ADMISSION RECORD

Patient Type and Service SURGICAL DAY CARE		Patient Account Number 41462557		Medical Record Number 44-15-30	
P A T I E N T	Room / Bed Accom. Clerk / JT	Mother's Med Rec # JT	Adm Date & Time 06/06/00 2:32 PM	CC	PC
G U A R R	Patient Name ALLEN, NORMAN G	Previous Name	Date of Birth 11/24/1947	Age - Sex - Race - Marital 52Y M W M	
I N S U R A N C E M E D	Address 27 BOURQUE ST	City LAWRENCE	State MA	Zip Code 01843	Home Phone 978-725-5227
Occupation NONE	Prev Adm 05/31/00	Soc. Sec. No. 005-46-4086	Smoke	Religion - Church CATH NO SPECIAL	
Employer NONE	Addr			Bus Phone 00000	
Next of Kin ALLEN, RUTH	Addr 27 BOURQUE ST		LAWRENCE	MA	01843
NoK Home Phone 978-725-5227	Bus Phone	Relationship WIFE			
ADVANCE DIRECTIVE NO					
Pt. Maiden Name CALAIS, ME	Birthplace	Newborn Weight	Psy Adm Type	Lang ENGLISH	
Guarantor Name ALLEN, NORMAN G	Relationship PATIENT	Guar. Soc. Sec. No. 005-46-4086	Occupation		
Guar's Addr 27 BOURQUE ST	LAWRENCE	MA	01843	Home Phone 508-682-6479	
Guar's Employer Name NONE	Employer's Addr			Bus Phone 00000	
Pri Ins Co. MEDICAID MANAGED CAR	Subscriber ALLEN, NORMAN G	Ins No. / Grp No. & Name 0054640862 / 7051040001 01			
Pri Ins Addr P O BOX 9013	SOMERVILLE	MA	02145	Bus Phone 800-325-5231	
2nd Ins Co SELF PAY	Subscriber ALLEN, NORMAN G	Ins No. / Grp No. & Name /	Bus Phone		
2nd Ins Addr			Bus Phone		
3rd Ins Co	Subscriber	Ins No. / Grp No. & Name			
3rd Ins Addr			Bus Phone		
Admitting Phys HURLEY, LIAM J.	Office Phone	Attending Phys HURLEY, LIAM J.	Office Phone		
Admitting Diagnosis URINARY RETENTION					
Remarks					
Arrived by					

Additional insurance information and notes:

MEDICAL RECORDS

CONSENT FOR TREATMENT AND ASSIGNMENT OF BENEFITS

1. The undersigned patient (if a minor, the undersigned parents or guardians), knowing that I, (or _____ a minor) am (is) suffering from a condition requiring hospital care, do hereby voluntarily consent to such hospital care and medical treatment encompassing diagnostic procedures and medical treatment by Dr. _____, his assistants, his designees and hospital consultants and personnel, as is deemed necessary in the judgement of said physician and hospital personnel.
2. I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made to me in regard to the result of treatments or examination in the hospital.
3. I consent to the presence and involvement of medical students, interns and other health care professionals and students in the diagnosis and treatment of my condition.
4. I have read this form and it has been fully explained to me, and I certify that I understand its contents.
5. I hereby assign, unto the Holy Family Hospital all hospital insurance benefits now due and to become due and payable to me by virtue of my treatment by said hospital and I hereby direct the insurer to pay such benefits directly to said hospital, in consideration of the hospital care and services, furnished and to be furnished by said hospital. Said insurer is authorized to deduct such payments from its obligation to me for hospital benefits under the above numbered policy. I understand that I remain financially responsible to the hospital for charges not met by the proceeds of this assignment.
6. I authorize Holy Family Hospital and Medical Center to release such diagnostic and therapeutic information, including mental health, developmental disabilities, alcohol and drug abuse, Acquired Immune Deficiency Syndrome (AIDS), and / or HIV test results or other information as may be necessary for reimbursement. This authorization shall be valid as specified by the patient but not to exceed a period of two years, or until such time as revoked by the patient within said two-year period, unless action on it has already begun. This authorization constitutes a waiver of the provisions of Massachusetts General Laws Chapter 111, Section 70F.
7. I hereby release the Holy Family Hospital from all responsibility for loss of valuables and money kept in my possession during my stay in hospital.
8. () I am legally an emancipated minor, living apart from parents. I am self-supporting and responsible for my food, shelter, and medical treatment.

Witness:

Signature of patient:

Date:

Responsible party, if other than patient:

Relationship:

AMA

This is to certify that I, _____, a patient at Holy Family Hospital, am leaving against the advice of the attending physician and hospital authorities. I also acknowledge that I have been informed of the risk involved, and thereby release the attending physician and hospital from all responsibility for any consequences which may result.

Witness:

Signature of Patient:

Date:

Or:

Signature of Responsible Party:

Relationship:

SACRAMENTS

Sacrament of the Sick: Yes _____ No _____ Other: _____

Date: _____ Administered by: _____



70 East Street, Methuen, Massachusetts 01844-4597 (978) 687-0151

Addressograph

41442537 SDC 06/06/2000
 ALLEN, NORMAN G
 27 WOODLAWN ST. LAWN MA
 P. BOX 117047/1547 444532 CAT
 HURLEY, WILLIAM J.
 2000/20007

Authorization for Administration of Anesthesia and for Performance of Operations and Other Procedures

1. The undersigned patient (if a minor, the undersigned), knowing that I (or Norman Allen, a minor, _____ years of age), have (has) a condition requiring a operation or procedure, do hereby consent to such operation or procedure by Dr. W. Hurley, his/her assistants, or his/her designees, as is necessary in his/her judgment.
2. I consent to the administration of such anesthesia as may be considered necessary or desirable in the judgment of the physician and/or the anesthesiologist.
3. Dr. W. Hurley has explained to me the nature and purpose of the operation or procedure to be performed, namely Cysto Removal SP tube & Cath.
Remove all Cath. from bladder
(State nature of operation or procedure)
4. I understand that during the course of the operation or procedure, unforeseen conditions may develop which could require an extension of the original operation or procedure, or a different operation or procedure from that described above. I therefore authorize my physician, his/her associates or assistants, to perform such operation or procedure as they, in the exercise of their professional judgment, deem necessary and desirable.
5. I also consent to the disposal, in accordance with hospital procedure, of any tissues or parts which may be removed in any operation or procedure.
6. I understand that the hospital has affiliations with schools relating to health care. I consent to the presence and participation of students and other health care professionals for the purpose of advancing medical education.
7. I consent to the presence of technical representatives in the room in which the operation or procedure is performed, if my physician requests advice on instrumentation and/or equipment.
8. For the purpose of medical teaching or documentation, I hereby authorize the photography and/or videotaping of the operation or procedure.
9. **I CERTIFY THAT I UNDERSTAND THE CONTENTS OF THIS FORM.**

Witness

Signature of Patient

Date

PROGRESS NOTES:

6/16/00 In & Out many references
 Lab W SPT
 Procedure 11:00, removal of SPT
 Dose MTC
 Surgeon - Hilly
 Finding -

DISCHARGE SUMMARY:**CONDITION ON DISCHARGE (include mental status relative to anesthesia recovery):**

Stable

INSTRUCTIONS TO PATIENT/PATIENT'S SPONSOR:

PM - 2 days

Signature:

Hilly
Physician

Date

SHORT - STAY RECORD

HOLY FAMILY HOSPITAL - 70 East St - Methuen, MA 01844 - TEL: (978) 687-0156 x2455

LABORATORY REPORT

PATIENT SEX AGE DATE OF BIRTH LOCATION PRINT DATE
 ALLEN, NORMAN G M 52 11/24/1947 PAT 06/02/00
 MED REC # / ACCT # ADMIT DATE DISCH DATE SUBMITTING DOCTOR
 444532 / 41462557 06/01/00 HURLEY, LIAM J.

6/1

Specimen: 0601:C00220R COMP Collected: 06/01/00-1442 Received: 06/01/00-1442

— TEST — —— RESULTS — — REFERENCE RANGE —

CHEMISTRY

CRE	0.7	L	0.8-1.3 mg/dl
-----	-----	---	---------------

Specimen: 0601:H00200R COMP Collected: 06/01/00-1442 Received: 06/01/00-1442

— TEST — —— RESULTS — — REFERENCE RANGE —

HEMATOLOGY

HEMOGRAM			
WBC	6.6		4.8-10.8 k/ul
RBC		4.04	L 4.70-6.10 m/ul
HGB		13.1	L 14.0-18.0 g/dl
HCT		38.3	L 42.0-52.0 %
MCV		94.8	H 80.0-94.0 fL
MCH		32.4	H 27.0-31.0 pg
MCHC	34.1		33.0-37.0 g/dl
RDW		17.3	H 11.5-14.5 %
PLT	185		150-450 k/ul
AUTO DIFF			
POLY	72.2		40-74 %
LYMPH		11.4	L 20-50 %
MONO		8.9	H 1-8 %
EOS		6.4	H 0-4 %
BASO		1.1	H 0-1 %
POLY #	4.7		k/ul
LYMPH#	0.8		k/ul
MONO#	0.6		k/ul
EOS#	0.4		k/ul
BASO#	0.1		k/ul
COAGULATION			
PT	12.5		11.6-13.2 secs
PTT	24.5		21.3-30.0 secs

** END OF REPORT **

Caritas Christi * A Catholic Health Care System * Member

for ad

HOLY FAMILY HOSPITAL - 70 East St - Methuen, MA 01844 - TEL: (978) 687-0156 x2455

LABORATORY REPORT

PATIENT ALLEN, KIRKLAND	SEX M	AGE 7M 21	DATE OF BIRTH 10/13/1999	LOCATION PAT	PRINT DATE 06/03/00 • 0532
MED REC # / ACCT # 594960 / 41465121			ADMIT DATE 06/02/00	DISCH DATE	SUBMITTING DOCTOR ZAPPALA, STEPHEN M

Specimen: 0602:H00093R COMP Collected: 06/02/00-0734 Received: 06/02/00-0734

— TEST —	— RESULTS —	— REFERENCE RANGE —
HEMATOLOGY		
HEMOGRAM		
WBC	9.3	4.5-13.5 k/ul
RBC	4.77	4.00-5.20 m/ul
HGB	12.0	11.5-15.5 g/dl
HCT	36.1	35.0-45.0 %
MCV	75.6	75.0-87.0 fL
MCH	25.1	23.0-30.0 pg
MCHC	33.2	30.0-36.0 g/dl
RDW	13.2	11.5-14.5 %
PLT	383	150-450 k/ul
AUTO DIFF		
POLY	42.6	40-74 %
LYMPH		L 45-75 %
MONO		H 1-8 %
EOS	2.1	0-4 %
BASO	0.4	0-1 %
POLY #	4.0	k/ul
LYMPH#	31.9	k/ul
MONO#	1.2	k/ul
EOS#	0.2	k/ul
BASO#	0.0	k/ul

** END OF REPORT **
 Caritas Christi * A Catholic Health Care System * Member

HOLY FAMILY HOSPITAL - 70 East St - Methuen, MA 01844 - TEL: (978) 687-0156 x2455

LABORATORY REPORT

PATIENT ALLEN, NORMAN G	SEX M	AGE 52	DATE OF BIRTH 11/24/1947	LOCATION PAT	PRINT DATE 06/03/00 • 0532
MED REC # / ACCT # 444532 / 41462557			ADMIT DATE 06/01/00	DISCH DATE	SUBMITTING DOCTOR HURLEY, LIAM J.

Specimen: 0602:U000010R COMP		Collected: 06/02/00-0804	Received: 06/02/00-0804
— TEST —		— RESULTS —	— REFERENCE RANGE —
URINALYSIS			
UA			
COLOR	YELLOW		
CLARITY	CLOUDY		
GLUCOSE	NORM		
BILIRUBIN	NEG		
KETONES	NEG		
SGU	1.015		
BLOOD		150	H NEGATIVE (/ul)
PH, URINE	7		6-8
PROTEIN (U)		100	H NEGATIVE (mg/dl)
UROBILINOPEN	NORM		NORMAL (mg/dl)
NITRITE		POS	H NEGATIVE
LEUK ESTERASE		500	H NEGATIVE (/ul)
URIN MICR			
RBCU	11-20		0-3 /hpf
WBCU	GREATER THAN 100		0-5 /hpf
CASTS	0-2 COARSE GRANULAR		/1pf
BACTERIA	3+		NONE SEEN

** END OF REPORT **

Caritas Christi * A Catholic Health Care System * Member

[Signature]

HOLY FAMILY HOSPITAL & MEDICAL CENTER
RESULTS FQR RESULT DATE 05/24/2000
RESULTS REPORTING
Thu Jun 1, 2000 2:40 PM
Printed By: CAD, PAT

6/6

Name= ALLEN, NORMAN G Age= 52Y Sex= M MRUN 44-45-32
Adm Dt= 06/01/2000 Loc= PAT Acct#= 41462557 Phys= HURLEY, LIAM J.

Ord #= L977335-1 Sched D/T= 05/24/2000 1156
Ord Phys= PETERSON, ASTRID O. RESULTED Collect D/T= 05/24/2000 1201
Resulted by= SYS, LAB Result D/T= 05/24/2000 1251

CHENWY

GLU:	* 113	(70 - 110) mg/dl
BUN:	10	(7 - 18) mg/dl
CRE:	* 0.7	(0.8 - 1.3) mg/dl
NA:	140	(140 - 148) mEq/L
K:	4.2	(3.6 - 5.0) mEq/L
L:	101	(100 - 108) mEq/L
O2:	28	(21 - 32) mmol/L
AGAP:	11	(5 - 15) mEq/L

Ord # = L977336-1 Sched D/T= 05/24/2000 1156
Ord Phys= PETERSON, ASTRID O. RESULTED Collect D/T= 05/24/2000 1201
Resulted by= SYS, LAB Result D/T= 05/24/2000 1215

HEMOGRAM

WBC:	7.0	(4.8 - 10.8)	k/uL
RBC:	* 4.36	(4.70 - 6.10)	m/uL
HGB:	* 13.6	(14.0 - 18.0)	g/dL
HCT:	* 41.2	(42.0 - 52.0)	*
MCV:	* 94.6	(80.0 - 94.0)	fL
MCH:	* 31.2	(27.0 - 31.0)	pg
MHC:	33.0	(33.0 - 37.0)	g/dL
RDW:	* 17.8	(11.5 - 14.5)	*
PLT:	246	(150 - 450)	k/uL
MPV:	7.9	(6.2 - 10.4)	fL

* System: HF LIVE **** For: DOLAN, CAROL A *
* End: RR RSLT BY RESULT DATE (SCRN/PRT)

PATIENT INFORMATION

3. EVALUATION - ANESTHESIA DEPARTMENT

Information obtained from:

Client () Speaks and Understands English ()
 Other () _____

(PLEASE COMPLETE IN INK)
 Name and Relationship

41478557 SOC 06/06/2000

 ALLEN, NORMAN G
 27 COURAGE ST LAW MA
 BIRTH 11/24/1947 444532 CAT
 HOLLEY, LIAH J.
 1000-20007

(addressograph stamp)

Previous Operations (Please List)	Approximate Year	Type of Anesthesia (Asleep or Spinal)	List Any Complications

Do you take any drugs or medications regularly?

Yes No

If yes, please list name and dose. Important: Note any oral steroids.

MEDICATION INVENTORY

Drug	Dose	Frequency	Reason	Last Dose to be completed by RN		
				Date	Time	Amount
Dilantin	400 mg	Day	SIEURSES			
To be completed by RN				RN Signature:		
Height _____	Weight _____	(actual)		Attending MD Initials		

Have you ever had an allergy or bad reaction to a drug/medicine/tropical fruit/latex balloons?

Yes No

If yes, please specify reaction: Tanned Red - Paxil

Do you smoke or have you ever smoked?

Yes No

If yes, how much each day? YESFor how many years? 20

If stopped, for how many years _____

Do you drink alcoholic beverages?

Yes No

If yes, how often? _____

Has a close relative ever had a problem with anesthesia?

Yes No

If yes, please specify: _____

Do you have diabetes?

Yes No

If yes, how is your diabetes managed: diet _____ medication _____

Are you pregnant?

Yes No

Date of Last Menstrual Cycle _____

Do you have asthma?

Yes No

If yes, please specify: _____

Do you have hay fever and/or environmental allergies?

Yes No

If yes, please specify: _____

Have you had a cold, sore throat or hoarseness in the past two weeks?

Yes No

Do you have a chronic cough?

Yes No

Do you have heartburn?

Yes No

Revised 11/92; 5/93; 2/97; 11/97; 12/98

G-1000-10754

Do you have high blood pressure?

Yes No

Have you had a heart murmur?

Yes No

Do you get short of breath?

Yes No

Climbing one flight of stairs?

Yes No

Climbing two flights of stairs?

Yes No

Have you had a heart attack? If yes, when?

Yes No

Do you have angina? If yes, when?

Yes No

Do you get episodes of pain or heaviness in your chest?

Yes No

Have you fainted recently?

Yes No

Do you have a history of a spinal cord defect?

Yes No

Have you had any trouble with numbness, tingling or loss of strength in arms, legs or any muscles? - ONLY SINCE OPERATION - COLON CANCER

Yes No

Have you had a convulsion or seizure? Last seizure: 2 YRS ago

Yes No

Have you ever had yellow jaundice, hepatitis, cirrhosis, or trouble with the liver?

Yes No

Have you ever had a blood transfusion? When?

Yes No

Have you ever had kidney trouble?

Yes No

Do you have contact lenses?

Yes No

Do you have dental plates, bridges, caps or any loose teeth?
Please list _____

Yes No

Do you have any other medical problems or concerns?
If so, please list _____

Yes No

Have you had a major illness or major accident? If so, please state:

Yes No

Cancer (colon)

Yes No

Do you live alone?

Any concerns? Please explain _____

NOTE: IF IT IS NECESSARY TO USE AN "AIRWAY" DURING SURGERY, THERE IS A POSSIBILITY THAT YOUR TEETH COULD BE INJURED. THAT IS A RISK YOU MUST AGREE TO ACCEPT.

Please sign: Norman Allen
Patient's Signature

Date: 6-1-00

Physician's Signature

Date: _____

Arrangements for Discharge: (to be completed by Pre Admission or ERG nurse only)

To Where: Death

With Whom: Death

Relationship: _____

Phone: _____

Anesthesia Machine

42-1

Check-out completed by

Peter

188-5557 SDC 06/06/2000
ALLEN, NORMAN G
47 12353005 ST LAUR RA
HARLEY, LIAH 47 1547 444532 CAT
HARLEY, LIAH J.

HOLY FAMILY HOSPITAL & MEDICAL CENTER ANESTHESIA RECORD

Anesthesia Apparatus Checkout Recommendations

- *1. Inspect anesthesia machine for:
machine identification number
valid inspection sticker
undamaged flowmeters, vaporizers, gauges, supply hoses complete, undamaged breathing system with adequate CO₂ absorber
correct mounting of cylinders in yokes
presence of cylinder wrench
- *2. Inspect and turn on:
electrical equipment requiring warm-up
(ECG/pressure monitor, oxygen monitor, etc.)
- *3. Connect waste gas scavenging system:
adjust vacuum as required
- *4. Check that:
flow-control valves are off
vaporizers are off
vaporizers are filled (not overfilled)
filler caps are sealed tightly
CO₂ absorber by-pass (if any) is off
- *5. Check oxygen (O₂) cylinder supplies:
 a. Disconnect pipeline supply (if connected) and return cylinder and pipeline pressure gauges to zero with O₂ flush valve.
 b. Open O₂ cylinder; check pressure; close cylinder and observe gauge for evidence of high pressure leak.
 c. With the O₂ flush valve, flush to empty piping.
 d. Repeat as in b. and c. above for second O₂ cylinder, if present.
 e. Replace any cylinder less than about 600 psig.
 At least one should be nearly full.
 f. Open less full cylinder.
- *6. Turn on master switch (if present).
- *7. Check nitrous oxide (N₂O) and other gas cylinder supplies:
Use same procedure as described in 5a. & b. above, but open and CLOSE flow-control valve to empty piping.
Note: N₂O pressure below 745 psig. indicates that the cylinder is less than 1/4 full.
- *8. Test flowmeters:
 a. Check that float is at bottom of tube with flow-control valve closed (or at min. O₂ flow if so equipped).
 b. Adjust flow of all gases through their full range and check for erratic movements of floats.
- *9. Test ratio protection/warming system (if present):
Attempt to create hypoxic O₂/N₂O mixture, and verify correct change in gas flows and/or alarm.
- *10. Test O₂ pressure failure system:
 a. Set O₂ and other gas flows to mid-range.
 b. Close O₂ cylinder and flush to release O₂ pressure.
 c. Verify that all flows fall to zero. Open O₂ cylinder.
 d. Close all other cylinders and bleed piping pressures.
 e. Close O₂ cylinder and bleed piping pressure.
 f. CLOSE FLOW CONTROL VALVES.
- *11. Test central pipeline gas supplies:
 a. Inspect supply hoses (should not be cracked or worn).
 b. Connect supply hoses, verifying correct color coding.
 c. Adjust all flows to at least mid-range.
 d. Verify that supply pressures hold (45-55 psig).
 e. Shut off flow control valves.
- *12. Add any accessory equipment to the breathing system:
Add PEEP valve, humidifier, etc., if they might be used (if necessary remove after step 18 until needed).
- *13. Calibrate O₂ monitor:
 a. Calibrate O₂ monitor to read 21% in room air.
 b. Test low alarm.
 c. Occlude breathing system at patient end; fill and empty system several times with 100% O₂.
 d. Check that monitor reading is nearly 100%.
- *14. Sniff inspiratory gas:
There should be no odor.
- *15. Check unidirectional valves:
 a. Inhale and exhale through a surgical mask into the breathing system (each limb individually, if possible).
 b. Verify unidirectional flow in each limb.
 c. Reconnect tubing firmly.
- *16. Test for leaks in machine and breathing system:
 a. Close APL (pop-off) valve and occlude system at patient end.
 b. Fill system via O₂ flush until bag just full, but negligible pressure in system. Set O₂ flow to 5 L/min.
 c. Slowly decrease O₂ flow until pressure no longer rises above about 20 cm H₂O. This approximates tidal breath rate, which should be no greater than a few hundred ml/min. (less for closed circuit techniques).
 CAUTION: Check valves in some machines make it imperative to measure flow in Step C. above when pressure just stops rising.
 d. Squeeze bag to pressure of about 50 cm H₂O and verify that system is tight.
- *17. Exhaust valve and scavenger system:
 a. Open APL valve and observe release of pressure.
 b. Occlude breathing system at patient end and verify that negligible positive or negative pressure appears with either zero or 5 L/min. flow and exhaust relief valve (if present) opens with flush flow.
- *18. Test ventilator:
 a. If switching valve is present, test function in both bag and ventilator mode.
 b. Close APL valve if necessary and occlude system at patient end.
 c. Test for leaks and pressure relief by appropriate cycling (exact procedure will vary with type of ventilator).
 d. Attach reservoir bag at mask fitting, fill system and cycle ventilator. Assure filling/empty of bag.
- *19. Check for appropriate level of patient suction.
- *20. Alarms on.
- *21. Check, connect, and calibrate other electronic monitors.
- *22. Check final position of all controls.
- *23. Turn on and set other appropriate alarms for equipment to be used.
 (Perform next two steps as soon as is practical)
- *24. Set O₂ monitor alarm limits.
- *25. Set airway pressure and/or volume monitor alarm limits (if adjustable).
- *26. Checkout completed.

If an anesthetist uses the same machine in successive cases, the steps marked with an asterisk (*) need not be repeated or may be abbreviated after the initial checklist.

* A vaporiser leak can only be detected if the vaporizer is turned on during this test. Even then, a relatively small but clinically significant leak may not be detected.

EFM > 2000

8:18	B-51	ANESTHESIOLOGIST R.Hague MD	DATE 6/06/2000	1457557 SOC 06/06/2000
AN END 9:12 ^a	OP-END 8:58	ANESTHETIST: -	SURGEON: HURLEY	LEN, NORMAN G 177 BOURGUE ST LAWR MA TEL 774-47347 444532 CAT HURLEY, CLAIR J.
<input checked="" type="checkbox"/> IDENT <input type="checkbox"/> PERMIT <input checked="" type="checkbox"/> MACHINE # <input type="checkbox"/> ROOM # 6 N 2 - 1		SURGEONS: HURLEY		
<input checked="" type="checkbox"/> GAS SCAV. ARM/LEG <input checked="" type="checkbox"/> NIBP (1) R <input type="checkbox"/> A-LINE L R <input checked="" type="checkbox"/> EYE PROTECTION TAPE <input checked="" type="checkbox"/> IV SITES (2) F. arm <input checked="" type="checkbox"/> SCCS - ABS <input type="checkbox"/> NRBS <input type="checkbox"/> N. STIMULATOR <input type="checkbox"/> TEMP-PROBE: ESO/SKIN/RECT <input checked="" type="checkbox"/> ALL MONITORS OPERATIVE <input type="checkbox"/> MONITOR FAILURE (EXPL OVER) <input type="checkbox"/> AIRWAY <input type="checkbox"/> ENDOTRACHEAL TUBE SIZE: CUFF VOL: EASY/DIFF. WHY?		PROCEDURE: C4-310 / Removal of Sotravac tube		
TOTAL PRE OP: P BP: 75 SAO ₂ : 100% 140/88 W/B				
ANESTHESIA AGENTS - DRUGS EVENTS: O ₂ / N ₂ O: 75/21/4 10% SEVOFLURANE: 3.5% 200 PROPOFOL: 2.0 100 FENTANYL: 60				
MONITORS ECG: 50 50 50 FiO ₂ : 1.0-32% Steth: Eso/Prerecord SaO ₂ : 97 97 98 EtCO ₂ : 36 38 MV: PIP: N/A Temp: Urine: EBL:				
FLUIDS Rx: 300				
EVENTS Ode to with O ₂ / Fentanyl Induced with Propofol 10% / Isoflurane over-lated on mask + bag Spontaneous + assisted ventilation		Amisulpride Levazine 500mg 20 @ 8:45AM		TOTAL FLUIDS RL 300 POST-OP CONDITION P 74 SPO ₂ 98%

Holy Family Hospital
and Medical Center

ANESTHESIA RECORD

PRE-ANESTHETIC EVALUATION

ASA CLASS 1 (2) 3 4 5 E

AGE 52 NPO STATUS no fluids rec

HEIGHT 5-10 WEIGHT 137 lbs

PROPOSED SURGERY cysto Removal of Sigmoidal
Tumor

ALLERGIES

N/A

MEDICATIONS

Dizepam
Tylenol + code
Prednisone
Oxycodeone
Sulfamethoxazole

LABS	A CXR	<input type="checkbox"/> checked
	B EKG	<input type="checkbox"/> checked
	C Lymes	<input type="checkbox"/> checked
	D CBC	<input type="checkbox"/> checked
	E Blood Sugar	<input type="checkbox"/> checked
	F Blood Gasses	<input type="checkbox"/> checked
	G PT/PTT	<input type="checkbox"/> checked

CARDIOVASCULAR

Denies HTN or angina
no H.O.

RESPIRATORY

Cig Smoker
COPD

CNS

Denies headache

NECK, AIRWAY, TEETH
Open teeth
adequate airway / F.R. normal

ENDOCRINE

Denies diabetes
or thyroid disease

PREVIOUS SURGERY

Thyroidectomy (L)
TURP
Colostomy

MISCELLANEOUS

Colon Ca

ANESTHETIC PLAN

GA

RA

MAC

Technique, risks, alternatives and side effects, including but not limited to vein injury, nerve injury, tooth damage, sore throat, hoarseness, parasthesia, headache, infection, allergic reactions, and need for post-op ventilation has been explained. Patient or patient's guardian understands and accepts. All questions answered.

Peter J. ... 6/6/2000

POST OPERATIVE VISIT

9:12 AM Unconscious you are. Brought to be awake.
alert vital signs stable

Peter J. ...

HOLY FAMILY HOSPITAL AND MEDICAL CENTER

70 East St.
Methuen, MA 01844
(978) 687-0151

OPERATIVE NOTE

Patient Name: ALLEN,NORMAN
Med. Rec. #: 27-66-35
Date of Birth: 11/24/1955
Room No.:

Admission Date: 06/06/00
Attending Phys.: Liam J. Hurley, M.D.
Date of Operation: 06/06/00
Surgeon: Liam J. Hurley, M.D.

DATE OF SURGERY: 06/06/00

SURGEON: DR. LIAM J. HURLEY

PREOPERATIVE DIAGNOSIS: URINARY RETENTION

POSTOPERATIVE DIAGNOSIS: SAME

PROCEDURE: CYSTOURETHROSCOPY AND REMOVAL OF SUPRAPUBIC TUBE

ANESTHESIA:

I was unable to remove the suprapubic tube in the office. The patient is now here for anesthesia to remove this.

PROCEDURE: With the patient subsequently introduced under anesthesia, prepped and draped in sterile fashion. A #22 French cystourthroscope was placed in the bladder without difficulty. The tip of the suprapubic tube was identified and was very encrusted resulting in inability to remove it in the office. I then resected the suprapubic tube at the skin level and pulled out the tip of the suprapubic tube through his penis. The patient tolerated the procedure well and was given antibiotics and will be following up with me in 2 weeks to let me know how well things are progressing. The bladder wall was examined and found to contain no evidence of bleeding or any other masses.

Liam J. Hurley, M.D.

LJH/lmf
D: 06/06/00
T: 06/11/00
cc: Dr. David Farzan

cc: Liam J. Hurley, M.D.

(F)

OPERATIVE NOTE

Holy Family Hospital
and Medical Center

70 East Street
Newton, MA 02454

PERIOPERATIVE NURSING DOCUMENTATION

DATE 6/6/00 OPERATING ROOM 6

TIME IN 0838 TIME OUT 112

INCISION TIME 0851

SCHEDULED EMERGENT
 IN-PT. SURGICAL DAY OUT PT.

CHART REVIEW

CONSENTS H&P EKG CHEST X-RAY

LAB DATA: RBC MCV LYTES PT PTT BLOOD PRODUCTS # UNITS _____ ID # _____

ENT ORTHO NEURO UROLOGY OPHTHALMIC ORAL

VASCULAR GENERAL OB/GYN PLASTIC THORACIC PODIATRY OTHER

PT. INTERVIEW

WRISTBAND ID VERBAL ID OP SITE VERIFIED NPO AFTER MIN _____ YES NO SINCE _____

ALLERGIES NKA YES Paxil

PHYSICAL ASSESSMENT: SKIN: PALE COOL DRY DIAPHORETIC WARM FLUSHED

CYANOTIC BRUISE RASH REDDENED AREA SKIN INTEGRITY: INTACT OTHER

COMMENTS: HA colo rectal Tc port Cather left chest

LEVEL OF RESPONSIVENESS: AWAKE ORIENTED RESPONSIVE DISORIENTED UNRESPONSIVE DROWSY

LEVEL OF EMOTIONAL STATUS: COOPERATIVE ANXIOUS CALM CRYING OTHER

LIMITATIONS: NONE AUDITORY VISUAL LANGUAGE _____ MOBILITY _____

OTHER: _____ IMPLANTS: _____ PROSTHESIS: _____

URINARY CATHETER AMT. IN BAG _____ CC _____

INVASIVE LINES NONE A-LINE CENTRAL SWAN-GANZ PERIPHERAL OTHER

COMFORT MEASURES: WARM BLANKET OTHER

NSG. DIAGNOSIS: POTENTIAL FOR ANXIETY RELATED TO KNOWLEDGE DEFICIT:

COMMUNICATE PATIENT CONCERN TO OTHER

HEALTH CARE MEMBERS

EVALUATION: DEMONSTRATES UNDERSTANDING OF EXPLANATIONS

YES NO COMMENT _____

GOAL: DEMONSTRATES DECREASED ANXIETY THRU BODY LANGUAGE AND VERBALIZATION

CONVEY CARING SUPPORTIVE ATTITUDE

REMAIN WITH PATIENT DURING INDUCTION

OTHER

Mase
ANESTHESIA TYPE: GENERAL MAC SPINAL BLOCK/REGIONAL EPIDURAL

PRE-OPERATIVE DIAGNOSIS: urinary retention

SURGICAL PROCEDURE: cystoscopy, Removal of subpubic tube

POST OPERATIVE DIAGNOSIS: Same

SURGEON: D. Harley ASSISTANT _____

ANESTHESIOLOGIST: D. Harley CRNA _____

CIRCULATING NURSE: G. Beharini PAI RELIEF _____ IN _____ OUT _____

SCRUB NURSE: N. Lynch CRT RELIEF R. Dupont IN 0800 OUT _____

LASER NURSE: _____ RELIEF A. Morgan IN _____ OUT _____

OTHER AUTHORIZED PERSONNEL: _____

CELL SAVER ANTIEMESIS STOCKINGS SEQUENTIAL STOCKINGS

OPERATING ROOM

POTENTIAL FOR INJURY

PLAN OF CARE

INTRA-OP

POTENTIAL FOR INJURY

POTENTIAL FOR INFECTION

DISCHARGE

DRUGS AND SOLUTIONS (OTHER THAN THOSE GIVEN BY ANESTHESIA)

TIME	TYPE	AMOUNT	ROUTE

IRRIGATIONS

NaCl.

SPECIMENS:

B

IMPLANTS/PROSTHESES: YES NO EXP. DATEX-RAYS: YES NO

MANUFACTURE

TYPE

NA

TYPE

SIZE

SERIAL #/LOT

DYE/TYPE

NO

 SEE OTHER SIDE

REACTION NOTED

NSG. DIAGNOSIS: POTENTIAL FOR INJURY

GOAL: PATIENT WILL REMAIN FREE FROM INJURY

PLAN AND IMPLEMENTATION

PATIENT SURGICAL POSITION: SUPINE PRONE LITHOTOMY JACKKNIFE LEFT SIDE RT. SIDE

OTHER/COMMENT:

POSITIONAL AIDS: SAFETY BELT BEAN BAG ARM BOARDS STIRRUPS PADS PILLOWS LAM FRAME

OTHER

POSITIONED BY: HBK

GROUNDING PAD: NA SITE

ESU #

BIPOLAR #

SETTINGS: COAG CUTTING

BIPOLAR

GROUNDING PAD SITE POST OP: INTACT OTHERLASER: ARGON CO₂ YAG

OTHER EQUIPMENT:

TOURNIQUET: UNIT #

APPLIED BY:

SITE:

PRESSURE

INFLATED:

DEFLATED

COUNTS:

SET UP BY CIRCULATOR

SCRUB

Lynch

CORRECT (INITIALS)

UNRESOLVED (INITIALS)

INSTRUMENTS	#1	#2	#3	#1	#2	#3
SPONGES						
SHARPS						

 SURGEON NOTIFIED OF COUNTS

IF UNRESOLVED X-RAY TAKEN

 YES NO IF NO, EXPLAINEVALUATION/OUTCOME: TOLERATED WITH NO APPARENT INJURY YES NO

NSG. DIAGNOSIS: POTENTIAL FOR INFECTION

GOAL: PATIENT IS FREE FROM INFECTION

PLAN AND IMPLEMENTATION

SKIN PREPARATION: SHAVE AREA:

BY

PREP: BETADINE SOLUTION BETADINE SCRUB OTHER BY Dr. HickeyURINARY CATHETER: NONE TYPE SIZE INSERTED BY: D/C'd: YES NO OUTPUT

DRAINS/TUBES: SIZE/TYPE/SITE

PACKING: SIZE/TYPE/SIZE

CAST: TYPE

DRESSING TYPE: 4x4 paper tape

EVALUATION: PRINCIPLES OF MICROBIOLOGY AND ASEPSIS / APPLIED YES NO COMMENTWOUND CLASSIFICATION: CLEAN CLEAN/CONTAMINATED CONTAMINATED DIRTY

PATIENT DISCHARGED TO: PACU

TIME: 9/2

REPORT TO: Dr. Hickey

CONDITION: INTUBATED EXTUBATED AWAKE ALERT OTHERMETHOD OF DISCHARGE: STRETCHER BED W/C CRIB AMBULATE

COMMENTS:

CIRCULATOR SIGNATURE: HBK

REVIEW

HOSPITAL PATIENT INFORMATION CARD

Massachusetts MA 01844
508-877-0161
Same Day Surgery

4147-537 SDC 06/06/2000
ALLEN, NORMAN G
27 LADYFIRE ST LAUR MA
R/N 1114747 444532 CAT

How Admitted Ambulatory Other _____
From Home _____
Admitting Diagnosis: _____ *Neurocysticercosis*
Date Admitted: *7/10/00* Admit Time: *10 AM*
Arrangements for Discharge: Name: _____
Drug or Food Allergies /Bracelet On: *Paid*

Nurse's Pre op Checklist:

- Identification bracelet correct on patient
- Blood Band on _____ Consent Signed
- Patient dressed in snap hospital gown
- Contact Lenses placed _____
- Eye Glasses placed _____
- Dentures removed: _____ uppers _____ lowers _____
Bottom front
- Loose teeth/caps, bridges _____
- Jewelry secured with tape _____
- Describe: *Normal*
- Thigh high elastic stockings (if indicated)

- History and physical on chart
- Pre-operative chest x-ray on chart
- Admission blood work on chart
- Pre-operative EKG on chart
- Consent form signed and dated
- On corner / side rails up
- Prep (if indicated)
- Oriented to SDC unit and safety limitations
- Oriented to peri-operative routines
- Patient verbalizes understanding
- Date L.M.P. _____

Medication Inventory

Name of Drug, Dose, Frequency	Time of Last Dose	Name of Drug, Dose, Frequency	Time of Last Dose

See pre-op order sheet

Comments:

RN Signature

*Cheng**This patient can't talk.*

Pre Procedure Care Plan

Nursing Diagnosis	Intervention	Outcome	Outcome Met	Comments
Knowledge deficit R/T Surgical Procedure	Determine patient's knowledge of surgical procedure and which prep teaching methods done. <input type="checkbox"/> Video <input checked="" type="checkbox"/> Teaching <input type="checkbox"/> Demonstration <input type="checkbox"/> Hand out	Patient demonstrates and verbalizes an understanding of surgical procedure through interactive discussion	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<i>Pain scale reviewed w/ pt. & demonstrates understanding!</i>
Alteration in level of emotional status Calm <input type="checkbox"/> Anxious <input type="checkbox"/> Crying <input type="checkbox"/> Agitated <input type="checkbox"/>	Encourage patient to verbalize concerns and fears Demonstrate caring and supportive approach	Patient will verbalize and demonstrate decrease in physiologic signs / symptoms of anxiety	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

T 97 P 75 R 12 BP 140/88 S 2 100/90 Diagnostic Test Yes _____

Physical Assessment	Comments		
Skin	<input checked="" type="checkbox"/> Warm & Dry	<input type="checkbox"/> Diaphoretic	<input type="checkbox"/> Other
Respiratory / Breath sounds	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Diminished	<input type="checkbox"/> Other
Circulatory / Apical Pulse	<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Irregular	<input type="checkbox"/> Other
Neurological / level of responsiveness	<input checked="" type="checkbox"/> Alert	<input type="checkbox"/> Oriented	<input type="checkbox"/> Other
GI GU GYN	<input checked="" type="checkbox"/> Abdomen soft	<input type="checkbox"/> Distended	<input type="checkbox"/> Other
Endocrine	<input type="checkbox"/> Diabetic	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Other
Comments			NNN

RN Signature

Mary J. Miller

Pre-Operative

Time	Drug / Infusion	Dose	Route	Site	RN Initial

Post Operative / Phase II Nurses Notes

Time	Drug / Infusion	Dose	Route	Site	RN Initial	I.V. / Patient	NIA	Yes	NNN
1000	500 L.R.F.					Dressing/DLU	NIA	YES	NNN
						Vomited post-op	NIA	Yes	NNN
						Oriented to Univ Equipment	NIA	Yes	NNN

Post - Anesthesia Discharge Scoring (PADS) System		Arrival	Discharge
1. Vital Signs	2 = Within 20% of preoperative value 1 = 20 - 40 % of preoperative value 0 = > 40 % of preoperative value	(2)	(2)
2. Activity and Mental Status	2 = Oriented x 3 and has steady gait 1 = Oriented x 3 or has steady gait 0 = Neither	(2)	(2)
3. Pain, Nausea, and/or vomiting	2 = Minimal 1 = Moderate, having required treatment 0 = Severe, requiring treatment	(2)	(2)
4. Surgical Bleeding	2 = Minimal 1 = Moderate 0 = Severe	(2)	(2)
5. Urine and Output	2 = Has had fluids per os and voided 1 = Has had fluids per os or voided 0 = Neither	(2)	(2)
Total PADS		(2)	(2)
RN Initial		(b)	(b)

The total score is 10. Patients scoring >>8 are considered fit for discharge.

Narrative Nurses Notes (sign each entry)

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Holy Family Hospital & Medical Center
70 East Street
Methuen, MA 01844
(508) 687-0151

41462557 SOC 06/06/2006
ALLEN, NORMAN G
27 FOUR DUE ST LANS PA
M.S.Y. 11/24/1947 444532 CA
BURLEY, CLAIRE J.
SOCIAL SECURITY

Post Anesthesia Care Unit Record

mc

IRRATIONAL MUSICAL TONES

POST-PROCEDURE CARE PLAN

NURSING DIAGNOSIS	INTERVENTION	OUTCOME	OUTCOME MET?	COMMENTS
Alteration in comfort level due to procedure	Let patient know that pain/antidiarrheal medication is available. Medicate patient as necessary to relieve pain or nausea/vomiting. Position patient for comfort.	Patient will verbalize reduction in pain level to a comfortable level. Patient will verbalize tolerance of nausea or vomiting.	YES NO	
Alteration of Thermoregulation	Take temperature of patient upon arrival. If temperature < 93, shivering is observed, or patient complains of cold, place patient on warming therapy as per PACU procedure.	Patient will maintain temperature of 96.5 degrees or above.	YES NO	
Alteration in level of Emotional Status: Calm Anxious Crying Agitated	Encourage patient to verbalize concerns and fears. Demonstrate caring and supportive approach. Include family/pastoral support when applicable.	Patient will verbalize and demonstrate decrease in physiologic signs/symptoms of anxiety.	YES NO	

RN INITIAL	RN SIGNATURE
<i>R. J. Miller</i>	
MR	Robert

Holy Family Hospital and Medical
Center
Methuen, Massachusetts

PRE OPERATIVE ORDERS:

SDC/SURGICAL INPT/OPOR

ALLERGIES (FOOD AND/OR DRUG): NKA

Height: _____ Weight: _____

DIAGNOSES:

Diagnosis	Order	Ordered	Orders	Done
13100				

Profile #1:

CBC	✓			
BS	✓			
PT	✓			
EB	✓			
UA	✓			

Chest X-ray on patients 60 or older (must be done within 6 months of surgical date).

EKG on patients 40 and older

(must be done within 3 months of surgical date).

OPOR

All testing at the discretion of the surgeon.

Physician

*John H. Hartley**John H. Hartley*

Blood Testing RN

Completed

8/1/00

Note) Chamberlain

✓ ORDERS CARRIED OUT

(SHADDED AREA MUST BE COMPLETED ON ALL ADMISSION ORDERS AND UPDATED AS NECESSARY)

PRF BB4A

Holy Family Hospital and Medical Center
Methuen, Massachusetts

PHYSICIAN ORDER SHEET

Post-op Pain Management

for Adult Patients

41462557 SDC 06/06/2000
ALLEN, NORMAN G
27 BOURBON ST LAWRENCE
K-51Y 11/24/1947 444532 CAT
HUPLEY, LIAM J.
5000-123-07

ALLERGIES (FOOD AND/OR DRUG): [] NKA

DIAGNOSIS(ES):

HEIGHT

WEIGHTS

[✓] ORDERS CARRIED OUT

(Allergies, Ht., Wt., & Diagnosis(es) must be completed on all admission orders and updated as necessary.)

ME Rev 1/00

Norman Allen

4/16/2005 SOC 05/06/2000
KELLY, NORMAN S. 57 MA
100-100-1047 414332 CAT
FBI - NEW YORK

Diazepam 5 mg 1 Bed Time To sleep

Sul Endothevate 1/2 to 1 mg

Acetaminophen/cod 3 1-2 Tab every 4 hrs pain

Trazodone 50 mg. 1 every day — To sleep

ON/Codeine 1-2 Tab every 4-6 hrs - pain

Dilantin 100 mg a. H as with seizures
(generic phenytoin)

Ketotifen 10 mg 3 times a. Bladder function & pain

41462357 SDG 08/05/2000
 ALLEN, NORMAINE G.
 27 BOURNE ST. LAVER MA
 (978) 687-0156 27 10/24/1947 144532 CAT
 (978) 687-0100 DR. DIMITRI J.

2000/20007

SURGICAL DAY CARE DISCHARGE INSTRUCTIONS

We have prepared the following guidelines to assist you. Please call the Surgical Day Care (978) 687-0156, extension 2525 if you have any questions.

- You may have some pain. Take your pain medication as suggested by your doctor. If your pain is not relieved by medication, call your doctor.
- Prescriptions given BACTRIM PERLUCET
- May use tylenol for your pain
- Resume your regular medications
- Dizziness is not unusual after taking pain medication
- Call for an appointment to see your doctor Appt 2 weeks
- Check with your doctor in regards to returning to work and other activities
- Follow your doctor's printed instruction sheet
- Report the following signs or any questions regarding your physical condition to your doctor IMMEDIATELY.
 - a. Excessive swelling in or around your wound area
 - b. Temperature of 101° F or above
 - c. Excessive pain
 - d. Excessive bleeding
 - e. Persistent nausea or vomiting
- Dressing
 - May shower May tub bathe
 - Keep your dressing dry Apply cold packs to wound
 - Do not change your dressing until you see your doctor
 - Remove your dressing in 24 hours
 - Other: _____
- In case of an emergency and you are unable to go to your physician, please go to the nearest Emergency Department or call Holy Family Hospital Emergency Department at 978-687-0151.

Comments: _____

Surgeon's Signature

ANESTHESIA INSTRUCTIONS

1. Discharge to the care of a responsible adult.
2. You may experience lightheadedness, dizziness, and sleepiness following surgery. PLEASE DO NOT STAY ALONE. A responsible adult should be with you for this 24 hour period.
3. For the first 24 hours, DO NOT.
 - a. DRIVE or operate dangerous complex machinery
 - b. make important business decisions
 - c. drink alcohol
 - d. if a child, no bicycle riding, skate boards, gym sets, etc.
4. Rest at home with moderate activity as tolerated. It may not be necessary to go to bed, however, it is important to rest for 24 hours following general anesthesia.
5. Progress slowly to a regular diet unless your physician has instructed otherwise. Start with liquids such as soft drinks then soup and crackers, gradually working up to solid foods.
6. If taking pain medications, DO NOT take on an empty stomach, drive or drink alcoholic beverages.

Nurse Signature

Patient/Parent Signature
(Understands above instructions)

Patient's Spouse/Signer

Holy Family Hospital and Medical Center, 70 East Street, Methuen, Massachusetts 01844

DATE:	1-26-00	I.D. #:	00-044	MR #:	29-166-35	TELEPHONE NUMBER: HOME	725-5227			
NAME:	ALLEN, NORMAN		S.S. #:	005-46-4086	WORK					
ADDRESS:	27 Bourque Street									
CITY:	Lawrence,	STATE:	MA	ZIP CODE:	01843	DATE OF BIRTH:	11-24-47	AGE:	52	
NEAREST RELATIVE:	Ruth	RELATIONSHIP:	wife				SEX:	male	TELEPHONE:	
ALTERNATIVE RESIDENCE:								TELEPHONE:		

INSURANCE

SUBSCRIBER (if not patient):

PRIMARY INSURANCE: Mass Health

Supplementary: 005464086 2

ADRESSE-

SECONDARY INSURANCE-

SUBSCRIBER #

ADDRESS:

REFERRING M.D.: Dr. Mandell / Dr. Hurley

PCP: M. Mend Targan

TELEPHONE

MED ONCOLOGIST: Pedro Jany (LCA)

OTHER M.D.: Dr. Thomas Fazio

SURGEON:

DIAGNOSIS: 1. ca of Rectum

PATHOLOGY: 1. Gc. R, lipo, adinoCA > 50%,
1/6 LHD(+) melanoma

STAGING: 1. III T3 N, Mo

CURATIVE
 PALLIATIVE

PREVIOUS TREATMENT: 1. LAR, cone. 5f/N.

2

SUMMARY OF TREATMENT

FIELD DATA and PHYSICS CALCULATIONS

ELECTRON CUTOUT ROF

Field No.	TSD	R() / R(10 x 10)	ROF RATIO	$\left[\frac{\text{Vir.} + \text{dmax}}{\text{Vir.} + \text{dmax} + (\text{TSD}-100)} \right]^2$	CHECK

TREATMENT PRESCRIPTION

PATIENT'S NAME / ID:

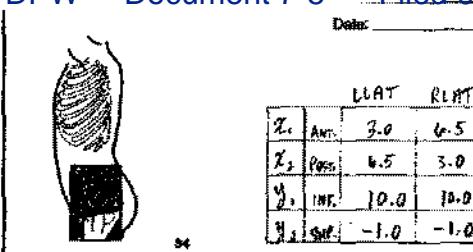
00-044

ALLEN, NORMAN

DATE	SITE	FIELD NO.	TOTAL DOSE	DOSE PER FRACTION	ENERGY	BEAM POSITION	DAILY BID WEEKLY	CBK/MLC	ASTM JAW	PLAN	WEDGE	TLD	OFF AXIS	GAP	BOLUS	DOCTORS SIGNATURE
4/20/00	Buttocks	1,2,3	4500	25fx/ 180cGy	6mv-PA 18mv-R+Lats	0d	✓	-	-	-	-	-	-	-	-	abs
	Boost to 1° site	24	540	13fx/ 180cGy	18mv lats	as	✓	-	-	-	-	-	-	-	-	abs
	Boost to 1° site	61	360	2fx/ 180	R+L lats	0d	✓	-	-	-	-	-	-	-	-	abs

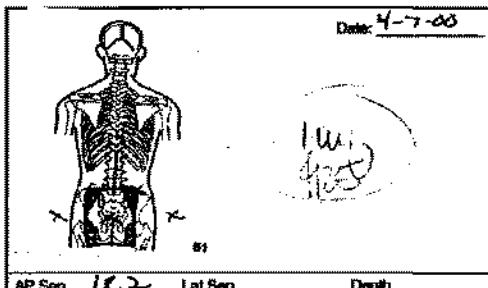
6MV 18MV 18MV

DATE 2000	ELAPS. CLNDR. DAYS	TREAT- MENT NO.	FIELD NO. 1	FIELD NO. 2	FIELD NO. 3	FIELD NO. 4	FIELD NO. 5	FIELD NO.							
			DESCRIPTION AA rectum	DESCRIPTION L lat rectum	DESCRIPTION R lat rectum	DESCRIPTION L lat Rectum Rd	DESCRIPTION R lat Rectum Rd	DESCRIPTION							
DOSE	MU	DOSE	MU	DOSE	MU	DOSE	MU	DOSE	MU						
4.26.00	0	1	45	49	67	109	68	109							
4.26.00	1	2	45	49	67	109	68	109							
4.27.00	2	3	45	49	67	109	68	109							
4.28.00	3	4	45	49	67	109	68	109							
5.1.00	4	5	45	49	67	109	68	109							
5.2.00	5	6	45	49	67	109	68	109							
5.3.00	6	7	45	49	67	109	68	109							
5.4.	7	8	45	49	67	109	68	109							
5.8.	13	9	45	49	67	109	68	109							
5.9.	14	10	45	49	67	109	68	109							
5.10.	15	11	45	49	67	109	68	109							
5.17.	22	12	45	49	67	109	68	109							
5.18.	23	13	45	49	67	109	68	109							
5.19.	24	14	45	49	67	109	68	109							
5.22.	27	15	45	49	67	109	68	109							
5.23.	28	16	45	49	67	109	68	109							
5.24.	29	17	45	49	67	109	68	109							
5.25.	30	18	45	49	67	109	68	109							
5.26.	31	19	45	49	67	109	68	109							
5.30.	37	20	45	49	67	109	68	109							
6-1	37	21	45	49	67	109	68	109							
6-2	38	22	45	49	67	109	68	109							
6-4	44	23	45	49	67	109	68	109							
6-9	45	24	45	49	67	109	68	109							
6-12	48	25	45	49	67	109	68	109							
6-13	49	26					90	112	90	110					
6-14	50	27					90	112	90	110					
6-15	51	28					90	112	90	110					



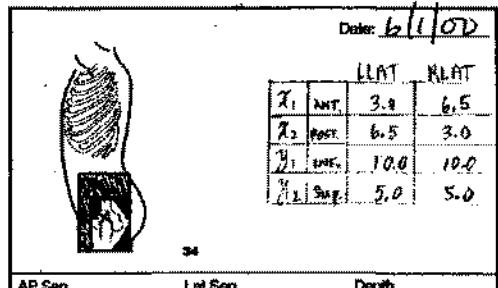
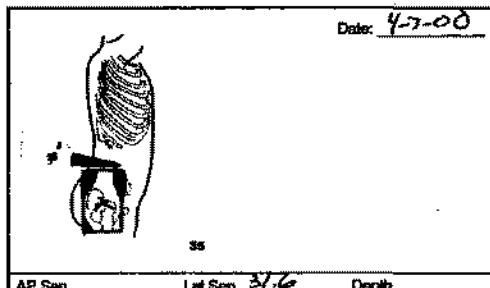
AP Sep	Lst Sep	Depth
Field #:	Field Size:	TT:
<u>6-1</u>	<u>9'x9'</u>	<u>10-6</u>
2100000:	Distance:	Chin:
Beam: <u>18X</u>	R.L. <u>94</u>	
Block Tray: <u>Custam</u>	Gantry: <u>270 90</u>	Headrest: <u>Prone Pillows</u>
Wedge: —	Collimator: <u>180°</u>	Table Angle: <u>180°</u>
<input checked="" type="checkbox"/> Supine <input checked="" type="checkbox"/> Prone <input type="checkbox"/> On	Side	
Head Position: <u>Straight</u>		
Arm: <u>around pillow</u>		
Foot: <u>45° ankles</u>		
Sponges:		
Other:		

9/20/05 Page 43 of 73		
Date: _____		
AP Sep _____	Lat Sep _____	Depth _____
Field #: _____	Field Size: _____	TT: _____
2100B00; Beam:	Distance: _____	Chirp: _____
Block Tray: _____	Gantry: _____	Headrest: _____
Wedge: _____	Collimator: _____	Table Angle: _____
<input type="checkbox"/> Supine	<input type="checkbox"/> Prone	<input type="checkbox"/> On _____ Side
Head Position:		
Arm:		
Foot:		
Sponges:		
Other:		



Page 4-7-03

Date: 4-7-00



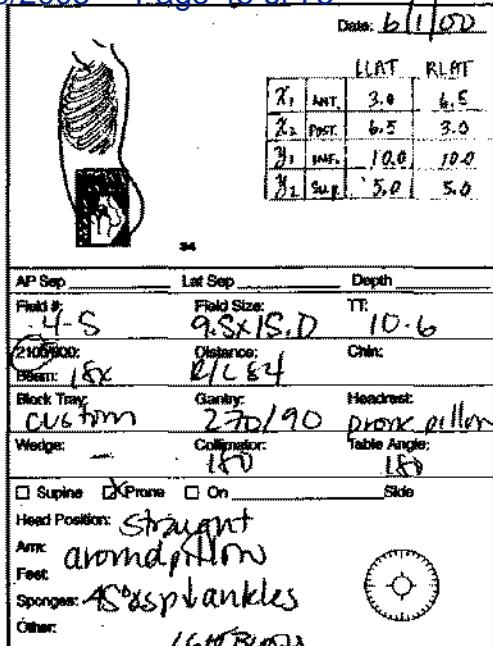
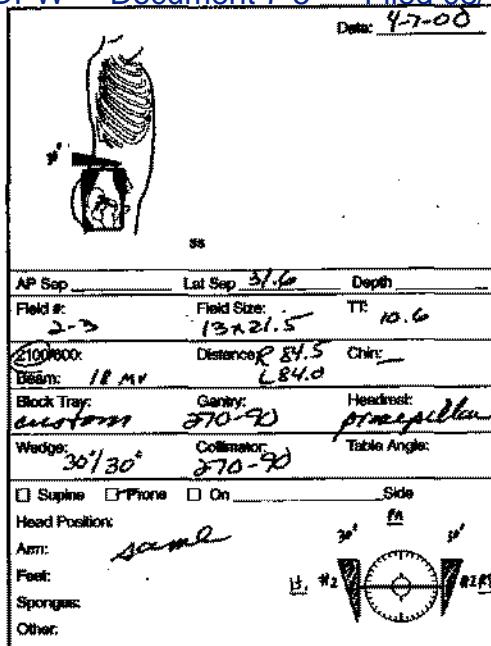
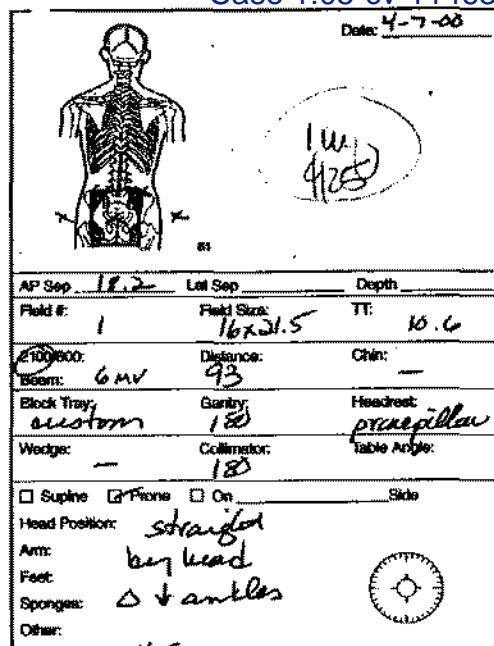
Datum: 12.11.07

		LLAT	RLAT
X ₁	ANT.	3.8	6.5
X ₂	ROSE	6.5	3.0
X ₃	SURE	10.0	10.0
X ₄	SURE	5.0	5.0

AP Scan Lat Scan Depth

Field #:	4-S	Field Size:	9.5X15.0	TT:	10-6
2100900:		Distance:		Chin:	
Beam:	18x		12.84		
Block Tray:		Gantry:		Headrest:	
Custom		270/90		Protr. allm.	
Wedge:	-	Collimator:	150	Table Angle:	5.1 Cabs

Supine Prone On Side
Head Position: Straight
Arm: around patient
Feet:
Sponges: 15 asplunkles
Other: 16 MTR



**CANCER MANAGEMENT CENTER - RADIATION ONCOLOGY**

Date: June 20, 2000

Patient Name: ALLEN, NORMAN ID#: 00-044

Radiation Oncologist: Astrid O. Peterson, MD DOB: 11-24-47

Note: Discharge Summary

PATIENT ONCOLOGIC PROFILE: Patient is a 52 year old gentleman with T3N1M0 Grade II invasive adenocarcinoma of the rectum. S/P low anterior resection. Patient received 2 cycles of 5FU chemotherapy prior to radiation and then concurrent 5FU with his radiation.

RADIATION CALENDAR: Started 4-25-00 Completed 6-19-00

DOSE: Using 18Mv photons and a combination of 16x21.5cm PA treatment portals combined with 13x21.5cm parallel opposed right and left lateral treatment portals, patient received 4500 cGy in 25 fractions over 48 elapsed days. Custom blocking technique was used on all portals and 30 degree wedge was used daily on both lateral portals.

Using 18Mv photons and cone down 9.5x15cm right and left lateral treatment portals covering primary site, patient received another 540 cGy in 3 fractions over 3 elapsed days. Again, custom blocking technique was used for both portals.

Finally, using 18Mv photons and further cone down 9.5x9cm right and left lateral treatment portals covering primary tumor site, patient received a final 360 cGy in 2 fractions over 2 elapsed days. Custom blocking technique was again used for portals. A total of 5400 cGy in 30 fractions over 55 elapsed days was given to primary tumor site.

A: Patient had multiple problems during his course of treatment. He had indwelling cystoscopy tube since prior to treatment which developed a large bladder stone and was unable to be pulled. Because of increase in pain, he ultimately went to the OR and had the tube removed, much to his relief. He also had difficulties with diarrhea which cause a one week break in both chemotherapy and radiotherapy.

P: Follow-up in 2 weeks time.

AOP/kl

Cc: Dr. Mandell

Dr. Hurley

Dr. Farzan, Tumor Registry

Dr. Sanz, Dr. Fazio

Astrid Peterson, MD
Astrid O. Peterson, MD

CANCER MANAGEMENT CENTER - RADIATION ONCOLOGY

Date: January 26, 2000

Patient Name: ALLEN, NORMAN ID#: 00-044

Radiation Oncologist: Astrid O. Peterson, MD DOB: 11-24-47

Note: Initial Evaluation

PATIENT ONCOLOGIC PROFILE: Patient is a 52 year old gentleman referred by Dr. Mandell for discussions regarding post-op radiotherapy following resection for rectal carcinoma.

Patient's history dates to mid 1999 when he noted onset of rectal bleeding and gradual change in bowel habits with change in stool caliber and shape. Patient changed PCP and was seen by Dr. Farzan. With the description of these symptoms he was referred to Dr. Fazio and underwent colonoscopy on 10-20-99. He was found to have a semi-circumferential mass in the rectum with lower edge at 6cm and palpable on digital exam. Biopsies revealed mucinous adenocarcinoma, Grade II. On 12-1-99 patient underwent resection of the primary tumor by low anterior resection. Final histology revealed a grade II invasive adenocarcinoma with greater than 50% mucinous component. Tumor measured 5.5cm in greatest diameter and infiltrated into the perirectal adipose tissue. There was lymphatic and extensive perineural invasion noted. Distal and proximal margins of resection were free of tumor but 1/6 lymph nodes was positive for metastatic carcinoma. Pre-op abdominal and pelvic CT revealed no evidence of metastatic disease outside of the rectal area. Patient had voiding problems post-op and currently has an indwelling Foley catheter. Patient relates that he will undergo prostate surgery on 2-10-00 by Dr. Hurley.

PAST MEDICAL HISTORY: 5-7 year history of fibromyalgia, History of seizures which began as adult while he was drinking heavily.

PRIOR SURGERY: Thoracotomy in 1994. Benign chest tumor.

MEDICATIONS: Dilantin ? 500mg q d. and sleeping pill for which he does not know the name.

ALLERGIES: None.

FAMILY HISTORY: Patient's father with colon carcinoma and mother with carcinoma, unknown type.

SOCIAL HISTORY: Patient is married and lives with his wife. He has 2 adult children, a son age 30 and a daughter age 25. Patient previously worked as a contractor but has been unemployed for many years secondary to his seizure

**CANCER MANAGEMENT CENTER - RADIATION ONCOLOGY**

Date:

Patient Name: ALLEN, NORMAN ID#: 00-044

Radiation Oncologist: DOB:

Note:

history. Tobacco: currently 2 packs per day, down from 3-4 packs daily for approximately 30 years. ETOH: Quit one year ago except for an occasional beer, but prior heavy use. Patient does smoke marijuana on occasion.

REVIEW OF SYSTEMS: 20+ pound weight loss both prior to and following surgery (approximately 6 months). Patient has discomfort in the perineal area when sitting. Patient also has discomfort from an indwelling Foley catheter.

O: Pleasant, alert, gentleman weighing 143 pounds at time of examination. There is no peripheral adenopathy. Lungs are clear to auscultation. Abdomen is nontender with no inguinal adenopathy noted. Rectal exam reveals a very low lying anastomosis within several cm of the anal verge.

A: Stage III, T₂N1 mucinous adenocarcinoma of the rectum, S/P low anterior resection. I would recommend consideration of post-op chemotherapy to be followed by combined chemoradiation to decrease the chance of both systemic and locally recurrent disease. The timing of this is somewhat problematic since the patient still has an indwelling Foley catheter and is scheduled for TURP on 2-10-00. This is of some concern since the patient is already 8 weeks out from his low anterior resection and delay in onset of treatment carries a greater risk for locally recurrent disease. I have discussed these issues with Dr. Sanz who will also discuss the timing of chemotherapy and surgery with the patient and with Dr. Hurley. As discussed with the patient, he will receive 2 up front cycles of chemotherapy prior to beginning concurrent chemo and radiation together for treatment of the pelvis and primary tumor site. I have discussed the course of treatment and potential side effects with the patient and his wife who is also in attendance. This will be discussed again when he comes in for follow-up.

P: He will be booked for follow-up here in approximately 5 weeks time .

Thank you for your referral.

AOP/kl

cc: Dr. Mandell

Dr. Hurley

Dr. Farzan

Dr. Sanz/LGH

Dr. Fazio

Tumor Registry

Astrid O. Peterson, MD

PATIENT'S NAME AND SOCIAL SECURITY NUMBER: Norman All
005-46-4086

Please specify information on applicable items: POSSIBLE MALIGNANCY

Date of first signs of illness: 10/20/99 Date you first examined patient: 1/26/00 Date you most recently examined patient: 5/4/00

DIAGNOSIS (Please specify): CA of Rectum

1. How was the diagnosis established? Cite diagnostic procedures and findings. Give dates of findings. IMPORTANT: PLEASE INCLUDE COPIES OF PATHOLOGY REPORTS AND/OR OPERATIVE NOTES:

Path reports from Lawrence General H. 1/21/99

2. Unresectable: Yes No ✓ Incomplete excision? Yes No ✓

3. Pertinent Lab Findings with dates (e.g. Hb, HCT, WBC, differentials, bone marrow, etc.)

4. Is there evidence of recurrence of malignancy or distant metastases? Yes No ✓. If "yes", indicate location(s), date and method of documentation:

5. Is the disease adequately controlled with chemotherapy or radiation?

Yes ✓ No . *Just being treated now w/concurrent Chem & radiation!*

Therapeutic regimen(s):

Start Date	Drug or Radiation Administered	Dosage	Frequency of Administration	Ending Date
A. <u>4/25/00</u>	<u>Radiation</u>	<u>5040-5400 cgy</u>	<u>5x/wk.</u>	<u>around</u>
B. <u> </u>	<u>*Only @ 1420 cgy now</u>	<u> </u>	<u> </u>	<u>2nd wk of 6/00</u>

6. Describe frequency, severity, and duration of adverse side effects or consequences of chemotherapy, radiation, or surgery:

Diarrhea, decreased blood counts, skin reaction (w. redness, dryness, and possible moist skin reaction), fatigue

7. Plans for further treatment:

Continue current radiation course with infusion Chem.

8. Prognosis:

Fair

SIGNATURE: Astrid S. Peterson

PRINT NAME: Astrid S. Peterson

DATE: 5/8/00

**CANCER MANAGEMENT CENTER - RADIATION ONCOLOGY**

Date: March 29, 2000

Patient Name: ALLEN, NORMAN ID#: 00-044

Radiation Oncologist: Astrid O. Peterson, MD DOB: 11-24-47

Note: Follow-up

Patient is a 52-year-old gentleman seen for initial consultation on 1-26-00. At that time, he was S/P low anterior resection for a T3N1M0 Grade II invasive adenocarcinoma of the rectum. Tumor had greater than 50% mucinous component and 1/6 lymph nodes were positive for metastatic disease. The patient has since undergone TURP with placement of a cystoscopy catheter. He has received one full cycle of 5FU and is midway through his second cycle.

S: Patient denies difficulty with abdominal pain, diarrhea or rectal bleeding. Patient notes that he will be giving a urine specimen today to rule of infection.

O: On exam, patient's weight is down several pounds to 140 pounds. There is no peripheral adenopathy. Lungs are clear to auscultation. Abdomen is scaphoid, nontender with no organomegaly. No inguinal adenopathy is noted. Patient has an indwelling cystoscopy tube. Rectal exam reveals a low-lying anastomosis without obvious disease recurrence. There is no stool for guaiac.

A: Patient with Stage III, T3N1M0, Grade II invasive adenocarcinoma of the rectum with 50% mucinous component and 1/6 lymph nodes positive for metastatic disease. Patient is completing his second cycle of 5FU chemotherapy and will be having placement of a portacath so that he can receive infusion 5FU chemotherapy during his course of radiotherapy. I have discussed the course of radiation and potential side effects with patient and his wife. Patient does consent to proceed with treatment as currently outlined.

P: Patient will be booked for pelvic simulation next week. He will have opacification of small bowel with barium as well as rectal opacification at the time of simulation. Patient will start his course of treatment between 3-4 weeks post completion of this cycle of chemotherapy.

AOP/kl

Cc: Dr. Mandell

Dr. Sanz/LGH

Dr. Hurley

Dr. Fazio

Tumor Registry

Astrid O. Peterson, MD

**CANCER MANAGEMENT CENTER - RADIATION ONCOLOGY**

Date: February 28, 2001

Patient Name: ALLEN, NORMAN ID#: 00-044

Radiation Oncologist: Astrid O. Peterson, MD DOB: 11-24-47

Note: Follow-up

It has been 8 months since the patient completed concurrent 5FU chemotherapy and post-op pelvic radiotherapy following low anterior resection and 2 cycles of up front 5FU chemotherapy for a T3N1M0 Grade II invasive adenocarcinoma of the rectum.

S: Patient was last seen by Dr. Sanz in 9/00 and has missed one follow-up appointment in between. He has had a colonoscopy on 11-16-00 which was normal. He has 10-14 soft bowel movements per day. Unfortunately he continues to have some difficulty with anal continence. He does not take Imodium consistently but notices on the days he does take it. The stool is more formed and has more control. Unfortunately, he continues to smoke 3 packs of cigarettes daily. He also drinks a tremendous amount of coffee and continues to have problems with sleeping.

O: On exam, patient's weight is stable at 142 pounds. There is no peripheral adenopathy. Auscultation of the lungs reveals occasional crackles and no significant wheezing. Abdomen is nontender with no organomegaly. No inguinal adenopathy is noted. Rectal exam reveals a low-lying anastomosis without obvious disease recurrence.

A: Patient now 8 months S/P treatment with no obvious disease recurrence locally or other disease by colonoscopy from 11/00. Unfortunately he has missed his follow-up with Dr. Sanz and I have urged him to make a follow-up appointment and that he should be consistent for follow-ups.

I have stressed the importance of smoking cessation with the patient and his wife. I have told him that unless they both give up smoking at the same time, that I doubt they will be successful. In addition, he drinks a tremendous amount of coffee and this I suspect is adding to his problems with insomnia. I have urged that he switch to decaf coffee.

P: Patient will be seen for follow-up in 6 months.

AOP/kl

Cc: Dr. Mandell, Tumor Registry
Dr. Sanz/LGH, Dr. Farzan
Dr. Hurley, Dr. fazio

Astrid O. Peterson, MD
Astrid O. Peterson, MD

**CANCER MANAGEMENT CENTER - RADIATION ONCOLOGY**

Date: July 5, 2000

Patient Name: ALLEN, NORMAN ID#: 00-044

Radiation Oncologist: Astrid O. Peterson, MD DOB: 11-24-47

Note: Follow-up

It has been 2 weeks since the patient completed concurrent chemotherapy and radiotherapy following low anterior resection and two initial cycles of 5FU chemotherapy for T3N1M0, Grade II invasive adenocarcinoma of the rectum.

S: Patient states that he is feeling much better than during and on completion of treatment. He had no significant diarrhea or fatigue for the first week following treatment. He states that he is having smaller, more frequent bowel movements but they are soft and well formed. Patient does have complaints of continued insomnia and was seen several days ago by Dr. Farzan and put on Trazodone. He just started this yesterday and did not have a significant improvement in his night sleep last night.

O: On exam, his weight is up 3 pounds over the past several weeks and he now weighs 141 pounds. Abdomen is soft and non-tender. There is no inguinal adenopathy. Examination of the perianal area reveals no skin reaction. Rectal exam reveals no obvious lesions in the distal rectal vault.

A: Patient is starting to show improvement in both bowel and overall clinical status 2 weeks post treatment. He does have continued mild problems with fatigue but this appears to be related more to his ongoing problems with insomnia. Patient will be seen by Dr. Sanz in another weeks time. He will possibly start the last 2 cycles of chemotherapy at that time.

P: Follow-up here in 5-1/2 months time.

AOP/kl

Cc: Dr. Mandell

Dr. Farzan

Dr. Sanz/LGH

Dr. Hurley

Dr. Fazio

Tumor Registry

Astrid O. Peterson, MD

Astrid O. Peterson, MD

ATTACHMENT F

JERRIMACK IMAGING
203 TURNPIKE STREET
NORTH ANDOVER, MASSACHUSETTS 01845

Telephone (978) 557-8518

JOHN P. KEEFE, M.D.
ALAN G. PRATT, M.D.
MARK M. BELKIN, M.D.
RICHARD M. FARACI, M.D.
MARK GOLDSHIRIN, M.D.
K. ERIC HENRIKSON, M.D.
DAVID M. NOVICK, M.D.
BRIAN P. MURPHY, M.D.
DOMENIC A. ZAMBUTO, M.D.
WALTHER T. WEYLMAN, M.D.

#JH859U

January 25, 2000

David Farzan, M.D.
203 Turnpike Street
No. Andover, MA 01845

RE: Norman Allen
2000-0377
DOB: 11/24/47

X-ray findings films dated 01-24-2000

REASON FOR EXAMINATION: PRE-OP CYSTOSCOPY 2-11-00 (DR. HURLEY)

CHEST: PA and lateral views of the chest reveal clear lungs with normal cardiac and mediastinal outlines and pulmonary vascular distribution.

IMPRESSION: Normal chest. Unchanged from 11-29-99.

Thank you for referring this patient to us.

Walther T. Weylman, M.D.

WTW/bfr
dbnc
faxed 01-25-2000 @ 5:42 pm

248596

MERRIMACK IMAGING
203 TURNPIKE STREET
NORTH ANDOVER, MASSACHUSETTS 01845

Telephone (978) 557-8518

JOHN P. KEEFE, M.D.
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DAVID M. NOVICK, M.D.
BRIAN P. MURPHY, M.D.
DOMENIC A. ZAMBUTO, M.D.
MARK J. RIEUMONT, M.D.
RICHARD M. FARACI, M.D.

December 11, 2001

David Farzan, M.D.
203 Turnpike Street
No. Andover, MA 01845

RE: Norman Allen
2001-6120
P320899
DOB: 11/24/47

X-ray findings films dated 12-10-2001

REASON FOR EXAMINATION: PAIN

CERVICAL SPINE WITH OBLIQUES: There is evidence of hypertrophic changes at C6-7 and C5-6. Precervical soft tissue width appears to be unremarkable. No fracture or destructive lesion could be seen.

IMPRESSION: Lower cervical degenerative changes.

Thank you for referring this patient to us.


Mark M. Belkin, M.D.

MMB/bfr
dbnc

248596

MERRIMACK IMAGING
203 TURNPIKE STREET
NORTH ANDOVER, MASSACHUSETTS 01845

Telephone (978) 557-8518

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BRIAN P. MURPHY, M.D.
DOMENIC A. ZAMBUTO, M.D.
MARK J. RIEUMONT, M.D.
RICHARD M. FARACI, M.D.

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2001-6120
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Mark M. Belkin, M.D.



MMB/bfr
dbnc

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203 TURNPIKE STREET
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BRIAN P. MURPHY, M.D.
DOMENIC A. ZAMBUTO, M.D.
WALTHER T. WEYLMAN, M.D.

#JH8594

January 25, 2000

David Farzan, M.D.
203 Turnpike Street
No. Andover, MA 01845

RE: Norman Allen
2000-0377
DOB: 11/24/47

X-ray findings films dated 01-24-2000

REASON FOR EXAMINATION: PRE-OP CYSTOSCOPY 2-11-00 (DR. HURLEY)

CHEST: PA and lateral views of the chest reveal clear lungs with normal cardiac and mediastinal outlines and pulmonary vascular distribution.

IMPRESSION: Normal chest. Unchanged from 11-29-99.

Thank you for referring this patient to us.

Walther T. Weylman, M.D.

WTW/bfr
dbnc
faxed 01-25-2000 @ 5:42 pm

V

ATTACHMENT G

248596

Northeast Urologic Surgery, P.C.*Pediatric and Adult Urology*

Charles R. Burke, M.D., F.A.C.S.
 Steven R. Previte, M.D., F.A.C.S.
 Ossama E. Seikr, M.D., F.A.C.S.
 Liam J. Hurley, M.D., F.A.C.S.
 Melissa R. Brown, M.D.

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 196 MASSACHUSETTS AVE.
 (978) 686-3877 FAX: (978) 686-9586

SALEM, NH 03079
 23 STILES ROAD
 (603) 893-9050 FAX: (603) 893-5112

DERRY, NH 03038
 44 BIRCH STREET, STE. 302
 (603) 432-9564 FAX: (603) 421-2274

January 21, 2002

David R. Farzan, M.D.
 203 Turnpike Street
 North Andover, MA 01845

Re: Norman Allen
 DOB: 11/24/47

CONFIDENTIAL

Dear Dave:

How are you? This is a follow-up on this 54 year old white male who has had colon cancer with positive nodes and underwent chemotherapy. He comes in today complaining of abdominal pain. He states the abdominal pain is in his upper abdomen compared to anywhere else.

Physical Exam:

On physical exam he has no abdominal pain or masses that I can appreciate.

Medications: Dilantin, Zoloft, Percocet

Allergies: He's allergic to Paxil.

Surgeries:

He had a TURP on 02/11/00 for bladder outlet obstruction with a suprapubic tube.

UA: He currently is voiding well with a post-void residual of only 50 cc.

In addition, he's been complaining of some erectile dysfunction with only a 50% erection.

Assessment:

1. Erectile dysfunction
2. rule out urethral stricture

Plan:

1. My plan is to do an office cystoscopy to rule out urethral stricture SP tube TURP. His UA today is negative for infection.

Northeast Urologic Surgery, P.C.

Pediatric and Adult Urology

Charles R. Burke, M.D., F.A.C.S.

NORTH ANDOVER, MA 01845

Steven R. Previte, M.D., F.A.C.S.

196 MASSACHUSETTS AVE.

Ossama E. Sahr, M.D., F.A.C.S.

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Liam J. Hurley, M.D., F.A.C.S.

SALEM, NH 03079

Melissa R. Brown, M.D.

23 STILES ROAD

(603) 883-9050 FAX: (603) 883-5112



David R. Farzan, M.D.

DERRY, NH 03038

January 21, 2002

44 BIRCH STREET, STE. 302

Page 2

(603) 432-9564 FAX: (603) 421-2274

Re: Norman Allen

DOB: 11/24/47

2. I've prescribed Viagra for him and gone over the side effects including visual disturbances, acid indigestion, headache, nasal congestion and skin flushing.

He will follow-up with me once the office cysto is scheduled.

Sincerely,

A handwritten signature in black ink, appearing to read 'Liam' or 'Liam J. Hurley'.

Liam J. Hurley, M.D.

LJH:cb

Northeast Urologic Surgery, P.C.

Pediatric and Adult Urology



Charles R. Burke, M.D., F.A.C.S.
Steven R. Previte, M.D., F.A.C.S.
Ossama E. Sakk, M.D., F.A.C.S.
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23 STILES ROAD
(603) 893-9050 FAX: (603) 893-5112

November 16, 1999

David R. Farzan, M.D.
203 Turnpike Street
North Andover, MA 01845

Re: Allen Norman
DOB: 11/24/47

JH 8596

Dear Dave,

How are you? This is a 51-year-old white male who developed rectal bleeding and a possible hemorrhoid, who on physical exam was found to have a rectal mass.

He underwent and endoscopy by Dr. Farzio and was found to have a rectal carcinoma. He's now due to have a rectal procedure per Dr. Mandel and is going to require ureteral stents.

PAST MEDICAL HISTORY: Significant for epilepsy.

PAST SURGICAL HISTORY: Lung surgery for a benign mass.

MEDICATIONS: Dilantin.

ALLERGIES: Nothing.

REVIEW OF RECORDS: Negative for MI, COPD, liver disease or diabetes.

SOCIAL HISTORY: Negative for prostate cancer. He's father did have colon cancer. Also positive for cigarette smoking. He did have ETOH abuse, but quit four years ago.

PHYSICAL EXAMINATION: Lungs clear A&P. Heart rate regular rate and rhythm. Abdomen is soft and nontender.

✓

Northeast Urologic Surgery, P.C.

Pediatric and Adult Urology



Charles R. Burke, M.D., F.A.C.S.
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David R. Farzan, M.D.
November 16, 1999
Page 2

348596

Re: Allen Norman
DOB: 11/24/47

GU EXAMINATION: Testes are bilaterally descended without masses. He has no evidence of hernia.

PROSTATE EXAMINATION: +1 to +2 enlarged without nodules. He's guaiac-negative at this point. I was unable to feel any rectal mass at this point.

ASSESSMENT: Rectal cancer.

PLAN: Is to do a possible colonic pull-through, which is going to require preoperative ureteral stent placement.

I will be involved with this and I will certainly help in any way I can.

Sincerely,

A handwritten signature in black ink, appearing to read 'Liam J. Hurley'.

Liam J. Hurley, M.D.

LJH:cs

cc: Jonathan D. Mandell, M.D.

A small, handwritten mark or signature located at the bottom right of the page.

Northeast Urologic Surgery, P.C.

Pediatric and Adult Urology



Charles R. Burke, M.D., F.A.C.S.
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Ossama E. Sakr, M.D., F.A.C.S.
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November 16, 1999

248596

David R. Farzan, M.D.
203 Turnpike Street
North Andover, MA 01845

Re: Alan Norman
DOB: 11/24/47

[Handwritten signature]

Dear Dave,

How are you? This is a 51-year-old white male who developed rectal bleeding and a possible hemorrhoid, who on physical exam was found to have a rectal mass.

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PAST MEDICAL HISTORY: Significant for epilepsy.

PAST SURGICAL HISTORY: Lung surgery for a benign mass.

MEDICATIONS: Dilantin.

ALLERGIES: Nothing.

REVIEW OF RECORDS: Negative for MI, COPD, liver disease or diabetes.

SOCIAL HISTORY: Negative for prostate cancer. He's father did have colon cancer. Also positive for cigarette smoking. He did have ETOH abuse, but quit four years ago.

PHYSICAL EXAMINATION: Lungs clear A&P. Heart rate regular rate and rhythm. Abdomen is soft and nontender.

Northeast Urologic Surgery, P.C.

Pediatric and Adult Urology



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David R. Farzan, M.D.
November 16, 1999
Page 2

Re: Alan Norman
DOB: 11/24/47

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PROSTATE EXAMINATION: +1 to +2 enlarged without nodules. He's guaiac-negative at this point. I was unable to feel any rectal mass at this point.

ASSESSMENT: Rectal cancer.

PLAN: Is to do a possible colonic pull-through, which is going to require preoperative ureteral stent placement.

I will be involved with this and I will certainly help in any way I can.

Sincerely,

A handwritten signature in black ink, appearing to read 'Liam' above 'Hurley'.

Liam J. Hurley, M.D.

LJH:cs

cc: Jonathan D. Mandell, M.D.

ATTACHMENT H



Boston University
School of Medicine

ALLEN, Norman

992579

BU MEDICAL GROUP-ARTHRITIS

Robert Simms, M.D.

July 13, 1999

fbro-

This is a return visit for Mr. Allen for myalgia syndrome and depression.

Since his last visit Mr. Allen reports worsening generalized pain, especially over the lateral aspect of the hips, but also in the knees and feet, he has pain in his hands in fact he reports pain all over per daily. He also reports many symptoms of depression including poor appetite, difficulty sleeping for more than two hours, continuously he feels down and depressed, poor concentration and has little enjoyment of virtually any aspect of his life. In addition the patient reports over the past six weeks intermittent bloody stools. He reports that it is bright red blood on the surface of his stools but this is the first time he has had this problem.

Medications: Dilantin 500 mg q.d., Paxil 30 mg q.d., amitriptyline 20 mg at h.s., salsalate 1.5 mg b.i.d., Neurontin 300 mg t.i.d. and Ambien 5 mg at h.s.

On examination the blood pressure was 100/64. The weight was 150 pounds (this is unchanged). Musculoskeletal examination shows completely normal joints. There was no significant tenderness or deformity.

Impression: The patient's chronic pain syndrome/fibromyalgia syndrome appears to be associated with significant worsening of his depression. He also gives a history of lower gastrointestinal bleeding the etiology of which is unclear.

At this time I have recommended that Mr. Allen discontinue Paxil and that he begin Effexor at 75 mg q.d. to start. This should almost certainly be increased to a total of 150 mg daily. Also he will require additional evaluation of his lower gastrointestinal bleeding. I urged Mr. Allen to follow-up with Dr. Kelly in this regard. We also discussed the importance of a psychiatric evaluation and I indicated that this may very well be helpful in further management of his significant depression.

Boston University Medical Group

Doctors Office Building

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Boston, MA 02118-2393

Tel. (617) 638-7460

Fax (617) 638-7454

RHEUMATOLOGY SECTION

Joseph H. Korn, M.D.
Chief

Robert W. Simms, M.D.
Clinical Director

David T. Felson, M.D., MPH

Robert A. Lafyatis, M.D.

Caryn A. Libbey, M.D.

Timothy E. McAlindon, M.D., MPH

Peter A. Merkel, M.D., MPH

Martha Skinner, M.D.

Melynn Nuete, R.N.

RS
Robert Simms, M.D.

CC: Michael Kelly, M.D.

34 Haverill Street

BOSTON UNIVERSITY MEDICAL CENTER
Lawrence, MA 01841

att to ask
jl

ALLEN, NORMAN

#992579

BU MEDICAL GROUP - Arthritis

Donough Howard, M.D.
ATT: Robert W. Simms, M.D.

March 31, 1998

This is the first visit for Mr. Allen, who has been complaining of pain and stiffness in his neck, both upper limbs, both feet, and occasionally in his low back. He describes this as going on for the past two years and getting progressively worse over that time. His symptoms, he feels, are worse in the morning-time, when, on waking up, he feels achy all over. He has not at any stage noticed any joint or soft-tissue swelling. He denies any associated rash or any dry eyes. He denies any numbness in any limbs; and, while he has noticed some decrease in muscle strength over recent years, which he attributes to disuse, he denies any definitive localized myopathy.

In recent months, Mr. Allen also reports that he has been having severe difficulty sleeping. He usually goes to bed at about 11:00 P.M. but finds that he sleeps for only 1-2 hours, despite repeatedly trying to go back to sleep. He usually gets up at about 2:00 A.M. and remains up for the rest of the day. He finds that he is tired throughout the day, napping occasionally. On further questioning, he also reveals that he has been feeling very low lately. He admits to not getting pleasure out of anything. His appetite has decreased in recent months, and he admits that he feels that he is feeling significantly depressed. He denied any suicidal ideation or intent.

The past medical history is significant for a seizure disorder. His last seizure was two months ago. Of note, he continues to drive a car intermittently, despite medical advice to the contrary. He also has a history of heavy alcohol intake; however, he stopped drinking one year ago, he tells me. Prior to this, he drank 30-40 bottles of beer per day. In the past, Mr. Allen has had numerous attendances at hospitals following cuts, bruises, and concussions. He feels that these were partly related to his alcohol intake and, on some occasions, related to his seizure disorder.

Social History: Mr. Allen is a 50-year-old married gentleman. He owned his own construction company prior to 1990; however, since then, he has been living on Disability. He feels that this has been a further factor in his ongoing depression.

The family history was noncontributory.

MR

ALLEN, NORMAN
#992579
March 31, 1998
Page 2

On review of systems, he complains of intermittent headaches and lack of libido. His weight has remained stable.

On examination, vital signs were stable. Blood pressure was 100/70, weight was 154 lbs., and heart rate 72 and regular. Cardiovascular examination was essentially normal. On respiratory examination, there were scattered crackles in both bases, with a prolonged expiratory phase. Abdominal examination was normal. On musculoskeletal examination, examination of the joints of the upper limbs was essentially normal. There was, however, mild tenderness over the trapezius bilaterally. Neck movements were decreased in all directions. There were no tenderness or trigger points elicited on examination of the rest of the back. Low back examination was normal, with straight leg raising to 80 degrees. On examination of the lower limbs, examination of the joints was essentially normal. On examination of his feet, there was evidence of moderate fallen arches bilaterally. Neurological examination was essentially normal apart from a small area of paresthesia over the right maxillary region.

Our impression was that Mr. Allen has evidence of a chronic pain-fibromyalgia type syndrome. We feel that this is related to his significant depression. The other possibility with this type of presentation in a man would be that of a sleep apnea syndrome. This would seem unlikely in Mr. Allen's case; however, this will be kept in mind in the future, should his symptoms not improve.

We had a long talk with the patient today and advised him about the nature of his condition and the need to get his depression under better control primarily. We have, therefore, advised him to increase his dose of Paxil from 20 mg. q daily to 30 mg. q daily. We have also advised him about the benefits of an aerobic-type exercise program. We have also advised him against driving his car and plan to see him back in the clinic in six weeks' time. We also felt that he may benefit from a referral to a Psychiatrist for further management of his depression. We mentioned this to the patient, who was agreeable with this. No formal arrangement has been made for follow-up here, as he feels that he would like to arrange this through his primary care doctor, Dr. Kelly.

The above history and examination were performed jointly by myself

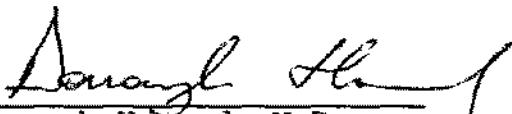
ALLEN, NORMAN

#992579

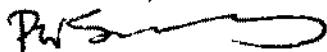
March 31, 1998

Page 3

and Dr. Simms; and the patient care plan was formatted jointly by myself, Dr. Simms, and the patient.



Donough Howard, M.D.
Fellow in Rheumatology



Robert W. Simms, M.D.
Attending Physician
in Rheumatology

cc: Michael Kelly, M.D.
34 Haverhill Street
Lawrence, MA 01841

DH/jmz

ALLEN, Norman

MR#: 992579

BU MEDICAL GROUP – RHEUMATOLOGY

Robert Simms, M.D.

July 27, 1998

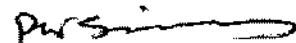
This is a return visit for Mr. Allen with fibromyalgia syndrome.

Since his last visit, Mr. Allen reports that he's had continued problems with his left shoulder with episodic dislocation. This most recently occurred this morning while stretching while getting out of bed. Despite this, he's had overall improvement in his fibromyalgia syndrome with some improvement in sleeping, although he still has considerable difficulty with sleep.

His medications are Dilantin 500 mg q day, Neurontin 300 mg tid, Salsalate 1.5 gm bid, Paxil 30 mg q d and Amitriptyline 10 mg at hs.

On examination, the blood pressure was 94/58 and the weight was 147. The musculoskeletal examination showed tenderness at the extreme of range of motion of the left shoulder, but no clear mechanical instability. There were multiple soft tissue tender points. Remainder of the examination was normal.

Impression: Fibromyalgia syndrome with some improvement. Recurrent dislocation of the left shoulder. This likely requires further orthopedic evaluation, although this is non-urgent, especially given the patient's 20 year history of recurrent dislocation. I suggested for the time being that Mr. Allen increase his Amitriptyline to 20 mg at hs. He will continue with physical therapy and discuss with his primary physician possibly discontinuing Neurontin. We will plan to see him back in approximately three months.


Robert Simms, M.D.

RS/bg

Cc: Michael Kelly, M.D.
34 Haverhill Street
Lawrence, MA 01841



ALLEN, Norman

992579

BU MEDICAL GROUP - ARTHRITIS

John Carey, M.D.
Robert Simms, M.D.

May 26, 1998

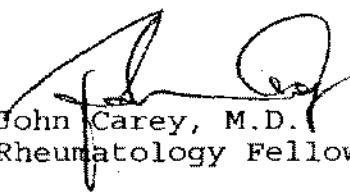
This is a follow-up for this 50-year-old gentleman with fibromyalgia syndrome. He's had no change in his fatigue or myalgias or energy level. He has some intermittent neck pain. He also has some clicking in his jaw occasionally when chewing. He also complains of left shoulder anterior dislocation from a previous injury in his 20's. He's taking his medicines as prescribed. Lastly, he complains of some decreased hearing in his ears and some ringing in his left ear which has been going on for at least a couple of years.

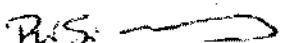
MEDICATIONS: Dilantin 500 mg a day, Paxil 30 mg a day, Neurontin 300 mg three times a day, Salsalate 1.5 grams twice a day.

Exam reveals a thin gentleman in no distress. Blood pressure 108/70, weight 151 pounds. There's no adenopathy. All joints have normal range-of-motion without synovitis. He has diffuse musculoskeletal tenderness. He has poor dental hygiene with several caries on examination of his dental area. Neck has normal range-of-motion. There are no rashes, nodules or tophi. Left auriscopy is normal. Right auriscopy reveals some impacted wax. ~~test~~ reveals some mild decrease in hearing in both ears.

Overall impression is fibromyalgia and depression. Appears unchanged. On the order to tinnitus, it is very unlikely for aspirin medications to cause unilateral tinnitus, however, it may be exacerbating it. The plan at this point is that we recommend that he stop the Salsalate, start Amitriptyline 10 mg q.h.s. and have advised him to follow-up with his own doctor for his decreased hearing and also he can put some drops of paraffin oil or cooking oil into his ear once or twice a day for several weeks to help relieve the impacted wax. He will return to clinic in the next 2 months and continue with his exercises.

Dr. Robert Simms was present for the key points of the history and physical and the plan was formatted together.


John Carey, M.D.
Rheumatology Fellow


Robert Simms, M.D., Attending Physician

ALLEN, Norman / Pg. 2
#992579
May 26, 1998

JC/pi

CC: Michael Kelly, M.D.
34 Haverhill Street
Lawrence, MA 01841

ALLEN, Norman

11-24-47

992579

BU MEDICAL GROUP - Rheumatology

Robert Simms, M.D.

October 26, 1998

This is a return visit for Mr. Allen with fibromyalgia syndrome.

Since his last visit Mr. Allen reports no significant change in his musculoskeletal symptoms. He continues to have generalized achiness and fatigue with significant sleep disturbance, sleeping no more than about 2 hours at a time. He has also continued to have difficulty with his left shoulder dislocation. He has indicated that the orthopedic surgeon who he has seen in the past would like an X-ray of his shoulder in the dislocated position, although Mr. Allen is reluctant to wait for the time it takes to get an X-ray when he is uncomfortable with his shoulder dislocated.

Medications are Dilantin 500 mg q.d., Neurontin 300 mg t.i.d., salsalate 1.5 mg b.i.d., Paxil 30 mg q.d., and amitriptyline 20 mg at h.s.

On examination, the musculoskeletal examination as before showed pain at the extreme of range of motion of the left shoulder, and there were multiple soft tissue tender points as before.

Impression: Fibromyalgia syndrome with continued significant sleep disturbance and fatigue, and chronic recurrent dislocation of the left shoulder.

At this time I have recommended that Mr. Allen increase his amitriptyline to 30 mg at h.s. and have recommended a return visit in approximately 3 months time.

RS/amy
Robert Simms, M.D.

RS/amy
10/28/98

CC: Michael Kelly, M.D., 34 Haverhill St., Lawrence, MA 01841

ATTACHMENT I

Kelley
Howard P. Taylor, M.D.
254 Pleasant Street
Methuen, MA 01844
(Tel) 508 683-8129
(FAX) 508 686-1126

July 24, 1997

NORMAN ALLEN

CHIEF COMPLAINT: I saw Mr. Allen on July 24, 1997. Mr. Allen is forty-nine years old and right handed. He is unemployed. He has a history of seizures. He has a problem with his left shoulder.

PRESENT HISTORY: He tells me he first dislocated his left shoulder in his twenties. He was boxing. He has dislocated it many times since then; approximately six times in the past week. He thinks he has also dislocated his right shoulder, but the left is troubling him more now. He thinks believes that it comes out anteriorly.

PAST HISTORY: He has a history of seizures. He has had lung surgery.

ROS: No other complaints. He has multiple joint pains.

SOCIAL HISTORY: He is married with two children and has an eighth grade education.

EXAMINATION: On examination he is a well developed, well nourished male. Examination of his shoulders reveals full range of motion but he has marked apprehension at the left shoulder as I flex, abduct, and externally rotate. He has a normal sensation about the shoulder.

COMMENT: I explained to him that it's absolutely necessary that we get an xray of the shoulder out.

TREATMENT: I told him that the next time this happens he should quickly get over to the hospital and get an xray. When that happens he is to call me, and I will arrange for him to have this surgery.

Howard P. Taylor, M.D.

HPT: ji/7-97

cc: G.L.F.H.C.
34 Newell St

W/M

ATTACHMENT J

2485910
DRAFTED

Seacoast Hospice
Serving Rockingham and Strafford Counties with Offices in:

10 Hampton Road
Exeter, NH 03833

1039 Islington Street #202
Portsmouth, NH 03801

642 Central Avenue
Dover, NH 03820

info@seacoasthospice.org

1-800-416-9207

www.seacoasthospice.org

Date: 5/15/02

Patient Name: Norman Allen

Dear Dr. Farzan:

Your patient was reviewed at our Seacoast Hospice Interdisciplinary meeting today. He will be reviewed again on 5/29/02 and we invite you or a member of your staff to attend.

DIAGNOSIS: Colon Ca/Liver Mets

Problems/Concerns Identified by Our Team:

NURSING:

COMFORT/PAIN: Duragesic patch increased to 350 mcg, change q 48 hours, continue with Roxicodone 20 mg/ml, 90 mg q 1 hour BT pain.

RESP/CARDIAC: BP 132/88, R 16, no distress, P 88 and regular, LS greatly diminished, has productive cough. Continues to smoke.

GI: N/V almost daily, sips fluids only, anorexic, DAB supp tid(PRN)

G.U.: Denies any problem, urinating at present time.

MOBILITY: Up ad lib.

NEURO/M.S.: A&O, general weakness.

SKIN INTEGRITY: Remains intact. Warm, very dry.

COPING ISSUES: Has supportive family, wife, daughter-in-law, daughters Ruth, Kristin, Tammi

CNA COORDINATOR: Patient declines hospice nursing Assistant visits at present.

VOLUNTEER: Per SW, patient and family resistant to too many people. Vol. Will not be assigned, following via IDT.

SOCIAL WORK: SW will continue to support patient's spouse re: issues of anticipatory grieving.

BEREAVEMENT: No change in bereavement plan of care, monitor via IDT.

PASTORAL CARE: No request received for spiritual care.

MEDICAL DIRECTOR: Continue to follow via IDT for symptom control issues.

Sincerely,


Julie Steckbeck, RN, CHPN
Clinical Program Manager